executed within 24 hours af certificate be requires that the death The law ATTENDING PHYSICIAN: spital or attending physician. TO HOSPITA

BP.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hy with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the med

Page 4 may be

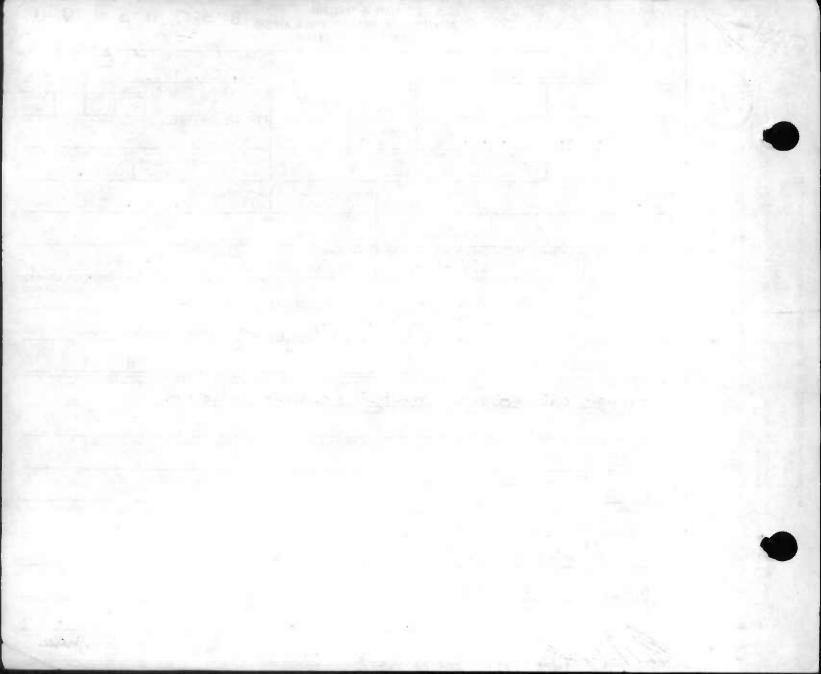
STATE OF MARYLAND 5

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 4 1985

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPARTA	_	EALTH AND MENTAL HYG	ATH REG. NO.					
		CEASED NAME	FIRST		AIDDLE	1	AST			DAY YEAR	2b. HOUR		
				S. Be	ooker			Feb. 24,			^		
	3 SEX		1	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS MIN		
		Male		Negro		June	27"191"	73	YRS.				
		ethplace (State or Fo		U.S	• A •	MARRIE	DINEVER MARRIED DINORCED	Cecil	R COUNTY	OF DEATH	W		
j		TY OR TOWN OF DEA	ATH I	I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY GIVE STREET ON HOSP:	ADDRESS)_	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOSTO	F WORKING LIFE		DF BUSINESS OR		
-	USUA 13a S	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G STATE Md. 136_COUNTY			IDENCE BEFORE ADMISSION) IY OR TOWN TTH East YES YES NO		13. STREET ADDRESS Ave. 2.190						
0	14. FA	Josseph	M	DDUE	Booker		15. MOTHER'S MAIDEN NAV	WE		Smith	51		
	16a W	VAS DECEASED EVER (ET NO OR UNKNOWN) TES		NED FORCES?	579-10		Bertha Boo	oker 114 H	enn. Eas	t. Md.	21901 MATE INTERVAL ONSET AND DEATH		
	NO	gave rise to improve the couse to improve the couse to the state underlying couse PART 2 OTHER SIGN	last	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	1		EN IN PART 1	lo \		
2	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	YES NOW	20h. IF YES IN CERTIF	S, WERE FINDS YING CAUSES S			
1	CAL CER	210 ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)			
	MEDICAL	214. INJURY OCCUR	HILE 🗀	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE		
		22a I certify that (I)	(this haspite	al) attended the	e deceased fram_			, to		19	that (I) (we) last		
		saw the decease above, (1) (we) (ed alive an_	view the bady	after death	, a	nd that in (my) (aur) apinian i	death accurred an the d	ate and have	r and from the	causes stated		
		226. SIGNATURE	12	elli	der	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (22c. DATE	SIGNED		
T	1	226. PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22e ADDRESS						
		MADHU		SACHO	EV								
1	23a B	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	234. LOCATION		COUNTY	STATE		
	(5	Burial		2-28	-85 M	t. Cs	armel Cem.	North H	Cast	Cecil	Md.		

Fundal Home North East, Md.



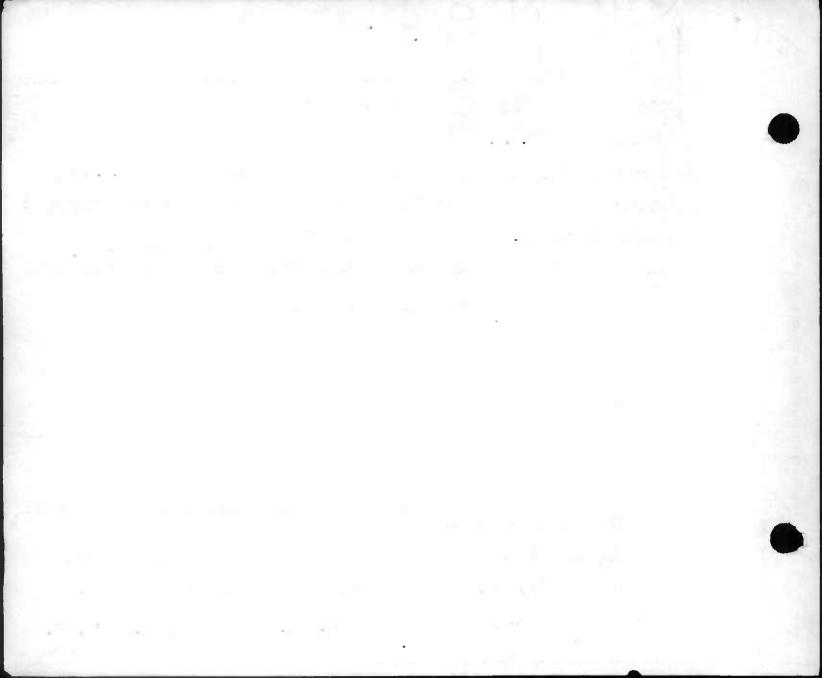
Lee Funeral Home, Clinton,

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

NE 8 CERTIFICATE OF DEATH

REGISTRAN		CEN	THICKIE OF D	The state of	REG. N	Ю.		
DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
TYPE OR PRINT)	ERNEST R. BOWER February 8, 1985 10:30am 4. RACE							
1. SEX						RTHDAY) IF		IF UNDER 24 HRS
Male	White	Oct	lober 24,	1931	53	1	VIHS: DATS	HOURS MIN.
70 BIRTHPLACE (STATE C		WHAT COUNTRY?	RIED NEVER A	AARRIED XX	Ψ -		FDEATH	
Virginia		WIDO	OWED DI	VORCED [WD
Perry Poin	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS		NOITUTION			12b. KIND O INDUSTRY U.S.	F BUSINESS OR
USUAL RESIDENCE (IF NO. 130. STATE Maryland	113h COUNTY	13c CITY OR TOWN		ITY LIMITS?	13e STREET ADDRESS VA Medical	/ ZIP COPE Center	, Per	ry Point
Robert Lee	Bower Jr.	LAST			Eggleston			
160. WAS DECEASED EVE						Poral I	Park R	d.
Yes	Korean Confl	i&78−36−504	3 Lucill	e Freez	man Brandy	wine, M	aryla	nd 20613
18 CAUSE OF DEA	ATH (Enter only one couse per	line for (o), (b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
ART I. DEATH	IMMEDIATE CAUSE (0)	Adenocarcino	ma of the	pancr	eas			
ž								
Canditions if a		R AS A CONSEQUENCE C	r					
gove rise to i	mmediate							
couse (o), sto		R AS A CONSEQUENCE C	F					
couse (o), sto underlying cou	(c)							
PART 2. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110) '
<u> </u>								
19a. DATE OF OPER	PATION 196 CONDI	TION FOR WHICH OPERA	TION WAS PERFO	RMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
	110110 4		21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
S OR CONTRIBUTING	CAUSE OF DEATH							
OR CONTRIBUTING L		OF INJURY	21f LOCATIO	N	CITY OR FO		COUNTY	(1416
	WHILE TO THE STR	EET, FACTORY, OFFICE, FARM, ETC) SINCE!		CITORIO	, , , ,	000.417	STATE
220.1 certify that	(this hospital) attended the	deceased from Janua	ary 22	19. 85	to Februar	V 8 19	85	
	(did) (did not) view the body			(our) opinion o				couses stated
22b. SIGNALORE	(aia) (aia not) view the body	offer deofn.	DEGREE				22c. DATE	
1 20.	1. Auge.	m D	A	TTENDING	MEDICAL STA		20	0.5
72d PHYSICIAN'S	NAME (TYPE OR PRINT)	11100	22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	IAN L.	2-0	-85
TOUTE	E SULTAN, M.D.				Carrier Davi			
3					Center, Per	ry Poli	it, Ma	MUNDER 24 HIS HOURS MIN. MD. OF BUSINESS OR Army Cry Point STATE NO STATE STATE COUSES STOTED STATE COUSES STOTED COUSES STOTED STATE COUSES STOTED STATE
230. BURIAL, CREMATION			F CEMETERY OR C		23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
_ Burial	2-11-1		enham Md.	Vet	Cheltenha	m Dr	Cools	Md
33 24 FUNERAL DIRECTOR	Old Alexander	Ferry Rd.		250 DATI	E REC'D. BY REGISTRAR	23K REGISTRA	R'S SIGNATI	URE
Too Thenores	1 Home, Clinto) F	FE	B 1 3 1985	grina Da	4doon-1	andelle



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

7h HOUR

CHILDS BOWSER FEBRUARY 5. 1985 12:35am 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Male White DECEMBER 8,1904 80 70. BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Illinois USA DIVORCED [Cec il WIDOWED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION OF WORKING HET HOUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Elkton Union Hospital U.S.Army Signal Corps JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Do. STATE 21921 1136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Elkton 105 Ridge Road. Glen Farms Cecil YES NO IX FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIA LAST MIDDLE Catherine George Bowser Falkenstien 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST No 345-01-1190 Mrs. Esther W. Bowser. Elkton. Md. 21921 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per M PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (o), stoting the DUE TO O CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220 I certify that (1) (this haspital) attended the decented fram 19 \$55. and that in (Ny) (our) opinion death accurred on the date and have and from the causes stated saw the declased alive an abave, (I) with (did) (did nat) view the bady illi 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2-7-85 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Joseph G. Lanzi. M.D. 721 Bridge Street, Elkton, Md. 21921 250 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria! 2-8-85 Head of Christiana Presbyterian, Newark, Delaware 24 FUNERAUDIRECTO 250 DATE RECT. BY REGISTERAN 256 REGISTERAN SIGN MUNICIPAL FUNERALS. ELKTON. MD. 21921

FOR

- STATE

TTYPE OR PRINTS

REGISTRAR DECEASED NAME

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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Language Language Congress		instead nois		H 2 1 1 1
21921 05 (ldgt oso, Glen Forns			17997	hon1 was
and thought by				dente
Time condition of the c				
	- '9 - Tild			

ITO FUNERAL DIRECTOR, After this certificate has been ugned by the attending physician and completely filled in by the funeral director, page 3 should be directly filled in by the funeral director, page 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygeric prior to build, crematials, or removal. ATTENDING PHYSICIAN. The law requires that the death certificate be offending physician.

FOR

STATE OF MARYLAND	52
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NP
CERTIFICATE OF DEATH	
10	. 0.43

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1-	REGISTRAR		CERTIFICATE OF	DEATH	REG, NO.		
	CEASED NAME PRINTS	M. J	RAdgon	1.	20. DATE OF DEATH MONTH	21/85/	HOUR A
3. SEX	Female	white	5. DATE OF BIRTH	1892	S. AGE (IN YEARS LAST BIRTHDAY) 92 YRS		UNDER 24 HRS
00	RTHPLACE (STATE OR FOREIGN COUNTRY) VIESTOUN, PA.	7b. CITIZEN OF WHAT COUNTRY?	- Inner	R MARRIED U	BALTIMORE CITY OR COUNT	(0	MD.
1	EK TONY	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET.	Spital	NSTITUTION	120 USUAL OCCUPATION (TYPE O WORK FOR MOST OF WORKING	IZE KIND OF BI	one one
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	(. Jan 1 A	own YES TO	NO 🗌	107 E. Haffe	ckers	77
C	hartes NAME	F. Meyer	s C	ARO/IN	MIDDLE	Shelly	/
lba V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) NONE	RITY NO. 17. INFORM	B. Smi	th 107 E. Ho	Hecker	st.
-	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) CONSEQUE (b) CONSEQUE (c)	ENCE OF		ua'	APPROXIMAT BETWEEN ONSI	EINTERVAL
CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D			20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS	S USED DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM TI	8 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCA STR		CITY OR TOWN	COUNTY	STATE
-	saw the deceased alive ar	atal) attended the deceased fram_ n19 ot) view the bady after death.	, and that in (m	ny) (auc) apinian de	eath accurred an the date and h		
V	V NAME (TYPE	Luci, Mo	22e ADDR	ATTENDING PHYSICIAN RESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2	2-/85
22- 6	Renneth	Lowis	ma 1	midd,	letoun.	De/	
(BURIAL, CREMATION, REMOVAI (SPERT) UNERAL DIRECTOR	2-25)85	Anne's EIKtor	Cem-	Mikletown 2-5 BY MESORAR TO MESOR	JEW CASTE	De/

OHMH - 16 50M 4/82 (VRA 15, 4)

MROSTANT, If them 21 is marked or

The state of the s the contract of the contract o During the state of the first fitted that I had Coce tracinal tome service the

20M 4/82

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

L''	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	NO.		
	CE ASED NAME	FIRST		MIDOLE	L	AST.		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
[TYPE	OR PRINT)	JOHN		L	CA	RTER		FEBRUARY	16	1985	10:25A
3. SE	Х		4 RACE		5. DATE C			6 AGE (IN YEARS LAST B	RTHOAY)	MONTHS OATS	
	Male		Black		5	25	93.	91	YRS		HOURS MIN.
	RTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY?	8.	D NEVER A		9 BALTIMORE CITY			
	W. VA.		ŧ	JSA	WIDOWE		ORCED	Cecil			MD.
10. C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INST	ITUTION	12a USUAL OCCUPA			OF BUSINESS OR
Pe	rry Poir	1	VA MEDI	CAL CENT	ER PER	RY POI	T MD	Retired			intan t
	AL RESIDENCE (#	NURSING HOME		GIVE RESIDENCE BEFOR		113d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	/ ZIP CC	DDE	
	Md	200	G.	Green B	elt	YES 🔀	№ □	7801 Mar	idan I	Rd. 207	770
14 FA	ATHER'S NAME		MIDOLE	LAST			MAIDEN NA	WE		t/	AST
	John		M.	Carte	_		rriet				
160 V	WAS DECEASED E	VER IN U.S. A	RMED FORGES	66. SOCIAL SEC	URITY NO.	17 INFORMA		ADDI	RESS		
	Yes		918 Jan	521 05	5212	Lenera	Carte	r same as	abo		
	18 CAUSE OF D	EATH (Enter	only one couse pe	r line for (a), (b), or	nd (c+.)					BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEAT		ATE CAUSE (0)	ARDIAC A	RRHYTH	MIA					
			DUE TO, O	R AS A CONSEOU							
	Conditions, if		((b) P	NEUMONIA	LOWE	R LEFT	LOBE				
	gove rise to couse (0), s	toting the	DUE TO, O	R AS A CONSEQU	JENCE OF						
	underlying c	ouse lost.	(c)								
,	PART 2 OTHER	SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	VINAL DISEASE OR CO	NDITION	GIVEN IN PART	(Io·
CERTIFICATION		- D - Y - C - 1	10.0000	ITION FOR WHICH	OBERATIO	NAME OF DECO	DUED	20a AUTOPSY?	1205 IS	YES, WERE FIND	NICE HEED
FICA	19a DATE OF OP	EKATION	196 COND	IIION FOR WHICE	OPERATIO	IN WAS PERFO	KWED			TIFYING CAUSE	S OF DEATH?
E	21a. ACCIDENT WA	S LIMPERIANC	21b. TIME C	DE IN ILIPY		1214 HOW IN	ILIBY OCCUP	YES NO	ILIDY IN ITEM	YES OR BARY 21	но 🗌
	OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR	7101101111	JUNI OCCUR	KED (ENTERNATURE OF IN.	IOR T IN ITEM	IB PART I OR PART 27	
MEDICAL	(IF EITHER, NOTIFY			OF INJURY	19	211 LOCATIO)N				
ME	WHILE NO	OT WHILE		REET, FACTORY, OFFICE	FARM, ETC)	STREET	,,,	CITY OR 1	OWN	COUNTY	STATE
	AT WORK	I WORK	mital) attaceded th	ne deceosed from	JANUAR	X 25	10.80	to FEBRUA	RY 16	10.85	. that (I) (we) last
	sow the de	ceased alive a	n <u>_FEBRUA</u>	KY 16 19	85	nd that in (my)		death occurred on the			
	above, (I) (v	ve) (aia) (aia	not) view the body	ofter death.		DEGREE				22c DAT	E SIGNED
	dho	ound	ueby 1			M-D.	TTENDING PHYSICIAN [AFF	2.1	7-85
	224 PHYSICIAN	S NAME ETYP	OR PRINT)			22e ADDRES		DIRECTOR PHYS	ICIAN UB	100.	, 00
	ABDUL					VA MI	EDTCAL.	CENTER PER	RY PC	TNT MD	
23n	BURIAL, CREMATI			27,	NAME OF C	EMETERY OR		1234 LOCATION			
1,74	(SPECIFY)	O. 1, REMOV)	2/2]			Hill Ce		Tulsa		Osage	Oklahoma
24 F	burial UNERALD ACK	and F	11000	W	OCC -			TE REC'D. BY REGISTRA	R 25b. REG		
A	UNERAL DE	ARD	HAVRE DE	Home	JAN F	ountain	SCFE	B 1 9 1985	wha	Davidson-V	andelle

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 showpeny injury, or other troumotic event, the

ARNOLD BEARD

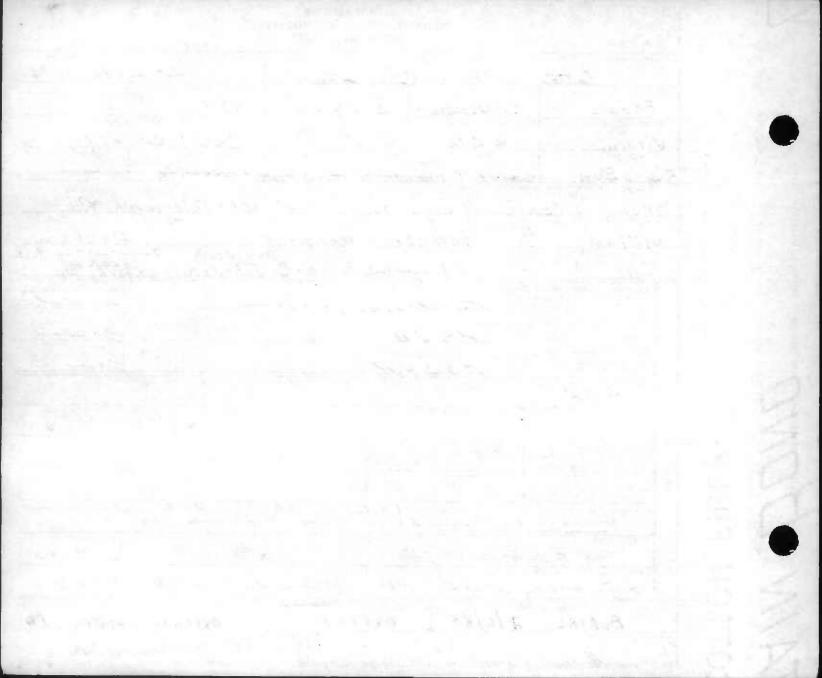
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			STATE OF MARYLAND	8 5	0 5 1 0 0			
	FOR	DEF	PARTMENT OF HEALTH AND MENT	AL HYGIENE				
1 -	STATE REGISTRAR		CERTIFICATE OF DEAT	Н				
			IAST	REG. N				
	CEASED NAME FIRST OR PRINT)	MIDDLE	(ASI	20. DATE OF DEATH	10.1100			
	Estta	n.	Charletin		2- 2-85 11-			
1. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B				
	E- /-	Barra	MONTH DAY YE	AR V3 V CC	MONTHS DAYS HOURS			
	remale	Caucasia			7 110.			
	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRI	ED S BALTIMORE CITY	OR COUNTY OF DEATH			
	Irginia.	4. S. a.	WIDOWED DIVORCE	70 '	1 County			
	TY GETOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION					
0	. 6	(IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS]	TYPE OF WORK FOR MOST				
KL	sing Dun		namor Nursing	Home Housew	ite -			
130.5	AL RESIDENCE IT HURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE INTY	R TOWN 13d INSIDE CHY LIA	MITS? 1136 STREET ADDRESS	171P CODE 2191			
-	m.D. Ce	/ / 1.	na Sun YES NO	and the same of	legrant Rd			
14 54	THER'S NAME	CI Man	15. MOTHER'S MAIL		Editable Val.			
	FWSF	MIDDLE		MIDDLE	LAST Q			
16	filliam	O. Sun	mer marga	ret	Bashar			
	VAS DECEASED EVER IN U.S. A		L SECURITY NO. 17 INFORMANT	(Daughter)	RESS 3203-LITTLE			
(1	(IF YES, G	IVE WAR OR DATES) 189.	-36-2962 Collean	C. Johnson	creek Rd.			
	NU	10/		- 01111GE7E	APPROXIMATE INTER			
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a),	(b), and ic).1		APPROXIMATE INTER BETWEEN ONSET AND			
		TE CAUSE (a)	die for	la-	secolo			
	DUE TO, OR AS A CONSEQUENCE OF							
	Canditions, if any, which gave rise to immediate	(b)	V.II					
	cause (a), stating the	DUE TO, OR AS A CON	DUE TO, OR AS A CONSEQUENCE OF					
	underlying couse lost.	1 10 A51	CUP		To-			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART 1(g)			
NO	NUA							
110	CUII	LIN CONDITION FOR	WHICH OPERATION WAS DEDECOMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED			
IFICAT	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPST!	IN CERTIFYING CAUSES OF DEAT			
#				YES NO	YES NO E			
CERT	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART T OR PART 2)			
7	OR CONTRIBUTING CAUSE OF DE							
9	(IF EITHER NOTIFY MEDICAL EXAMINE		19 21L LOCATION					
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY		CITY OR I	IOWN COUNTY ST			
-	AT WORK AT WORK							
	22a.1 certify that (I) (this hosp	oital) attended the deceased	from 1 - 1	F.5 to 2-	- 2 19 65 , that (1) for			
	saw the deceased alive a	1 -		opinion death accurred on the	date and haur and from the couses sta			
	abave, (1) (we) (did) (did n	at) view the bady after death.						
	27k SIGNATURE		DEGREE		22c. DATE SIGNED			
	75 3		ATTEN	DING MEDICAL ST.	1CIAN [2-4-8			
	77d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS					
				000	PA.15363			
	9.1.140C	comBC	1.0	ORD, 1	17.17565			
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEMETERY OR CREM	ATORY 23d LOCATION				
	SPECIFY)	2/4/85	OXFORD	CITY OR TOWN	COUNTY SI			
-	BURIAL	19/100	TO AT THE	OXFO				
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DHMH - 16 50M 4/83

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(VRA 15, 4)



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24 FUNERAL DIRECTOR

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

1 .	- STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	nillag	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Ellza	loetn A.	O1	IIIIas	Feb. 9, 1985	2; 20 P _M
SE	x Female	4. RACE White	S. DATE OF BI	18, 1898	6. AGE (IN YEARS LAST BIRTHDAY) 86 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED L			
E	lkton	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	THER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN Ret. Elkton	Gas Company
SU Be.	STATE IS COL	UNTY 13c. CITY OR TO	WN 13d		300 Hermitag	ge Drive
0 \		ARMED FORCES? 166. SOCIAL SEG	ler CURITY NO. 17.	Mary INFORMANT	MIDDLE G.	
NO.		(b) Arterio DUE TO, OR AS A CONSEQ	sclerot DUENCE OF	renal	disease	OVER 1 Vr.
IFICATION	ATIEM 1 A	196 CONDITION FOR WHIC	CH OPERATION W	'AS PERFORMED	REG. NO. 28 Peb. 9, 1985 Peb. 9, 1985 28 20 Pm 6 AGE (INYEARS LAST BIRTHDAY) 1898 86 YRS. 1898 ARRIED AGE (INYEARS LAST BIRTHDAY) 1800 AGE (INYEARS LAST BIRTHDAY	
MEDICAL CER	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM	
	220.1 certify that (i) (this has sow the deceased alive of	ESISTAME PARTY BELL AS CONTROL OF THE PROPERTY OF THE PARTY OF THE PAR				
	22d. PHYSICIAN'S NA					
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	2-12-85 23b DATE	NAME OF CEME	TERY OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Elkton	county state Cecil Md.
	NAME (CONT	week See ADDRESS		H. NOFFR		Tavidson-Random

ELKTON, NOFFBI

DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND

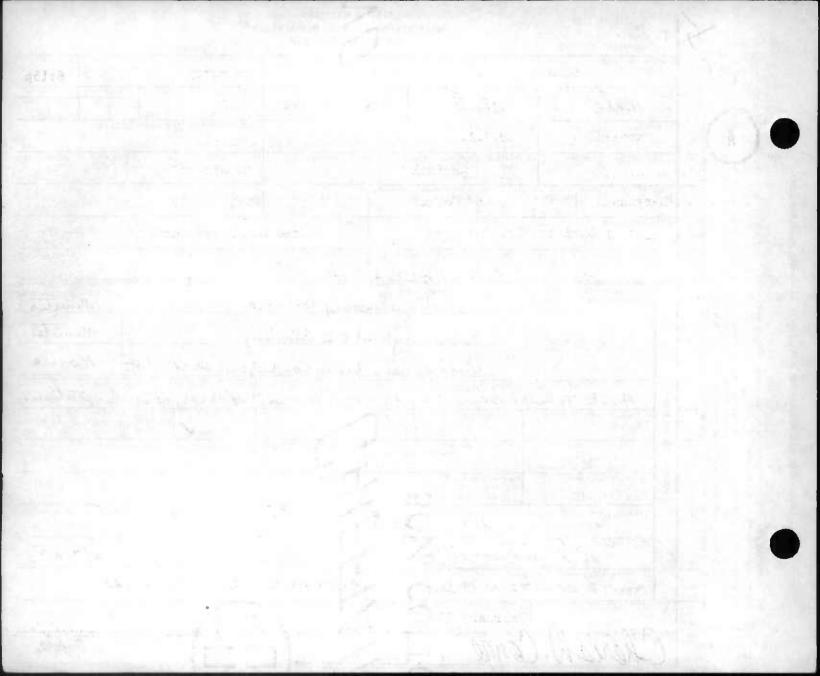
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(TYPE	CEASED NAME ORPRINT)	Dennis		MIDDLE		istv. Sr.		DNIH DAY	1985	2h HOU	
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10 CI		EATH 1				OR OTHER INSTITUTION				F BUSINE	SS
	AL RESIDENCE (IF NU	13b. COUNT	ſΥ				RT1REET BOXES 27	21	63	7	
14. FA	Leander Ch)) LAST				risty	LAS	ST	
	YES, NO OR UNKNOWN)					17. INFORMANT	ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 222-09 18 CAUSE OF DEATH (Enter only one cause per line far (a), (k) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONS Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					d GI blood	ing		m	ince	to
RTIFICATION	PART 2 OTHER SIC PACT 2 OTHER SIC ACUTE 196 DATE OF OPER.	GNIFICANT CO Tubu	onditions color Ne	R AS A CONSEQUE LEVEL A DITRIBUTING TO LEVEL A ITION FOR WHICH	DEATH BUT	due to Card NOT RELATED TO THE TERM Orduction defe N WAS PERFORMED	DISEASE OR CONDITION OF THE CONDITION OF	AOUCVE 20b. IF YES, WIN CERTIFYING YES	ERE FINDING CAUSES	NGS USEE	D TH?
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death certificate be

requires that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

medical exam

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IMPORTANT: If them 21 is marked ar Item 18 shows any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH

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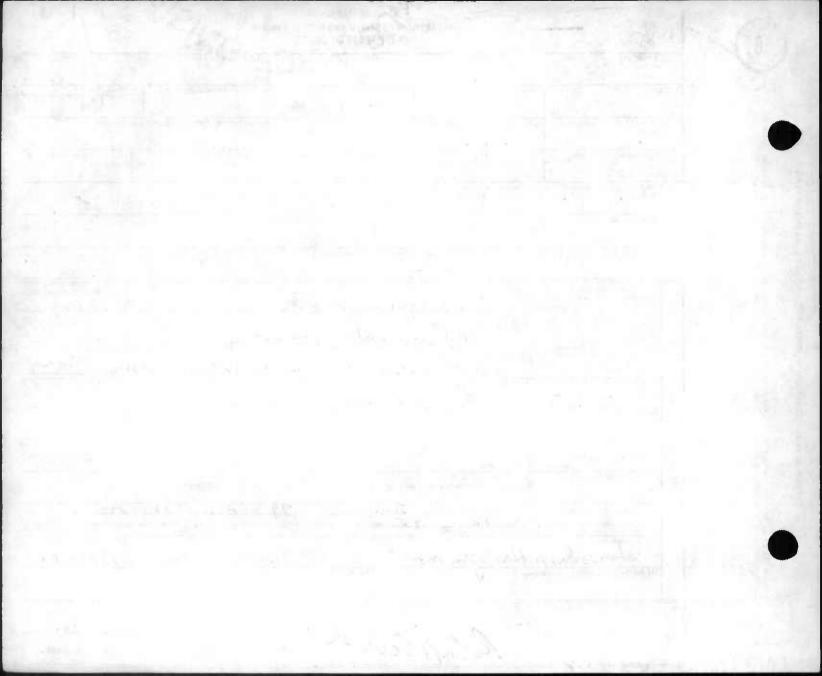
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3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE NOVEMBER 15, 1917	(IN YEARS LAST BIRTHDAY) MONTHS: DAY	
Female White NOVEMBER 15, 1917	MONTHS DAY	
7. PIRTHRIACS AND CONTROL TO CITIZENI OF WHAT COUNTRY?	YRS.	
THE DIRITHETAGE (STATE OR POREIGN IN CHILEEN OF WHAT COUNTRY!	TIMORE CITY OR COUNTY OF DEATH	
North Carolina USA MARRIED NEVER MARRIED WIDOWED MORCED	Cecil	MD
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USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. COUNTY 138. COUNTY 139. STATE 139. STATE 130. INSIDE CITY LIMITS? 130. STATE 130. STATE 131. INSIDE CITY LIMITS? 130. STATE 131. INSIDE CITY LIMITS? 130. STATE 131. INSIDE CITY LIMITS? 130. STATE	REET ADDRESS 5 Landing Lane	21921
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME		
Henry Price Faulkner May		nton
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	pcon
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 238-20-0301 Funeral Direct	or	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I, DEATH WAS CAUSED BY:	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTIONS CONTRIBUTIONS CON	ISEASE OR CONDITION GIVEN IN PART	110
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (EN	AUTOPSY? 20b IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
HOUR AM MONTH DAY YEAR	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT	CITY OR TOWN COUNTY	STATE
220.1 certify that (I) (this haspiral) attended the deceased fram 10/29 19 84 to	2/25 10 85	, that (1) (we) lost
210	ccurred on the date and haur and from the	
22b. SIGNATURE DEGREE	22c. DA	TE SIGNED
Vernuth Seems NO ATTENDING MED PHYSICIAN DIREC	CTOR PHYSICIAN	1126/86
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS		-
Kenneth S. Lewis, M.D. 12 Pennington S	t. Middletown. Del.	19709
230 BURIAL, CREMATION, REMOVAL THE DATE 236 NAME OF CEMETERY OR CREMATORY 236	LOCATION	
236 BURIAL, CREMATION, REMOVAL 116 DATE 236 NAME OF CEMETERY OR CREMATORY 23d.	LOCATION	19709 STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

X	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.) 5		1 0
-		CEASED NAME F	RST	A	AIDDLE	ı	AST	2a DATE OF	DEATH MONTH	DAY	YEAR 2	2b. HOUR
81		Rho	da.	I	1.	C	ook	Febr	uary 1	7. 19	985	5.10
s after d	Female		4	White		5. DATE O		6. AGE IN YE	ARS LAST ORTHDAY)	MONTH MONTH		IF UNDER 24 HRS
72 hour	7e B	RTHPLACE (STATE OR FORE)	GN 7b	U.S.	WHAT COUNTRY	/? 8 MARRIE WIDOWE	DINEVER MARRIED		RE CITY OR COL		EATH	MI
ed within		ity or town of death Elkton	11	I NAME OF H	HOSPITAL, NURS HEACILITY, GIVE STRE	ING HOME	R OTHER INSTITUTION	12a. USUAL C	OCCUPATION FOR MOST OF WORKS Sewife	ING LIFE IN	h KIND OF IDUSTRY Home	BUSINESS OR
filled in the file file file file file	USU 13e	AL RESIDENCE (IF NURSING	COUNTY				13d. INSIDE CITY LIMITS?	13s. STREET A		s Val	216	101 Rd.
noletely nol 2 shou lical exam	14. F/	THER'S NAME David	, MIC	POLE	Letts		15 MOTHER'S MAIDENN FIRST Annie		MIDDLE		rasi	
Pages 1 and Pages 1. the medica	16a \	VAS DECEASED EVER IN (65, NO OR UNKNOWN) (8		ED FORCES?	217-03		17 INFORMANT Hallie Wil	7 Lson No	Mechan orth Ea	nics		ey Rd. 21901
cate has been signed by the attending phy to carbon pay to permit. Then please remove carbon pay giene prior to burial, cremation, or rem 18-shows any injury, or other traumatic.	CERTIFICATION	Conditions, if any, we gove rise to immed cause 101, stating underlying cause PART 2 OTHER SIGNIF	hich iate the last	DUE TO, OF	TION FOR WHIC	UENCE OF UENCE OF O SKIR	AND INFORMATION WAS PERFORMED	MINAL DISEASE 200 AUTO YES	OR CONDITION PSY 200 IN C	IF YES, WEI	PART I(a) RE FINDING CAUSES O	
r this certificate burial-transit pd Mental Hygi ed or Item 18	MEDICAL CE	218. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU [IF EITHER, NOTIFY MEDICALE. 218. INJURY OCCURRED	SE OF DEATH (AMINER)	21st PLACE (M. MONTH I M. DE INJURY	DAY YEAR	211 LOCATION	RRED (ENTER NAT	CITY OR TOWN		OUNTY	STATE
TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health an IMPORTANT: If Item 21 is mark		WHILE NOT WHILE AT WORK 22a. E certify that (I) (th saw the deceased a obave. (I) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAMI	s hospital	attended the	ofter death.	Jul. 85, or	d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22a ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICIAN	7 19 d hour and	P5, the	oot (I) (we) last auses stated
)	-{	SURIAL, CREMATION, REASTERNING TO STRUCTURE OF THE STRUCTURE OF T	MOVAL	236 DATE 2-19-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		emetery or crematory ank Gem.		TION TOWN Vert GISTRAR 256. RE	Cec	il l	STATE
HMH-16 25M RA 15, 4) 1/79		*Orouch F	uner	al 🔣	with	Affect Ha		EB 20	1000	A P	dson-A	



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injury, or other troumotic event,

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carbon papers. Page

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EPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE	C
				DEATH		

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ATE OF DEATH	REG. NO.		
	26. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	FEBRUARY 19, 19	85	8:20P
IRTH	A. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS

	CEASED NAME	FIRST		MDDLE	L/	AST		2a. DATE OF D	EATH MOR	NTH DA	AY YE	AR	b HOU	IR
	C	ALVIN	Berna	rd CZ	ASKA_			FEBRUAR					8:2	OP M
. SEX	(4. F	RACE		5. DATE O			& AGE (IN YEAR	RS LAST BIRTHDA		ONTHS	_	IF UNDER	
1	Male		Caucas	ian	May	12, DAY	19 ^{YEAR}	67		YRS	JNIHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUN			VHAT COUNTRY?	8.	NEVE	DALABBIED [9 BALTIMORE	CITY OR C	OUNTY	OF DEAT	Н			
Aaryland $U. S.$			U. S.	A. WIDOWED TO DIVORCED			Ceca	il Cou	nty				MD.	
	RRY POINT,	- 2	(IF NOT IN SUCH	OSPITAL, NURS IN 1 FACILITY, GIVE STREET A CAL CENTE	DDRESS)	R OTHER II	STITUTION	120 USUAL OC (TYPE OF WORK FO Litho	OR MOST OF WO	ORKING LIFE)			BUSINE	SSOR
13a S		s Home OR OIH IN COUNTY Baltim		give residence before 13c. CITY OR TOWI Catonsvil	٧	YES 🗌	CITY LIMITS?		odress / zi	e Mai	nor	Ct.	2.	1228
FATHER'S NAME FIRST MIDDLE LAST Bernard Hermann Czaska					R'S MAIDEN NA		WIDDLE		Ger	stl	е			
60, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO			RITY NO.	17. INFOR	MANT		ADDRESS	PO.						
Ye		1945-		212-03-	-8851	Mr.	Gregory	Czaska						
TION	Canditions, if ony, v gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNIE	S CAUSED B MMEDIATE C which diate the lost.	IY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	CARDI AS A CONSEQUE AS A CONSEQUE	NCE OF PI	NEUMO!	ED TO THE TERM	VINAL DISEASE (ON GIVE	N IN PA	RT I(a	ATE INTER	DEATH
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION V 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2				N WAS PER	FORMED			CERTIFY YES	ING CA			TH?		
	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH LEXAMINER)	P.A	A. MONTH DA	Y YEAR		INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN	ITEM 18 PAI	RT I OR PA	RT 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK			ACE OF INJURY ME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCAT STRE					CITY OR TOWN		COUN	TY	5	STATE

22e ADDRESS

22e | certify that (1) (this hospital) attended the deceased fram AUGUST 6 19 85 saw the decreased alive on FERRIARY 19 abave day we) (did) (diagram) view the body after depth and that in (m) (aur) apinian death occurred an the date and have and Iram the causes stated

MEDICAL STAFF X DIRECTOR PHYSICIAN ATTENDING

CHRISTOPHER BERCHELMANN. M.D.

VA MEDICAL CENTER. PERRY POINT. MD.

23a. BURIAL, CREMATION, REMOVAL Cremation/Burial

FOR - STATE

REGISTRAR

236 NAME OF CEMETERY OF CREMATORY. 2/85 Westview/Lake View 2/21/85/2/22

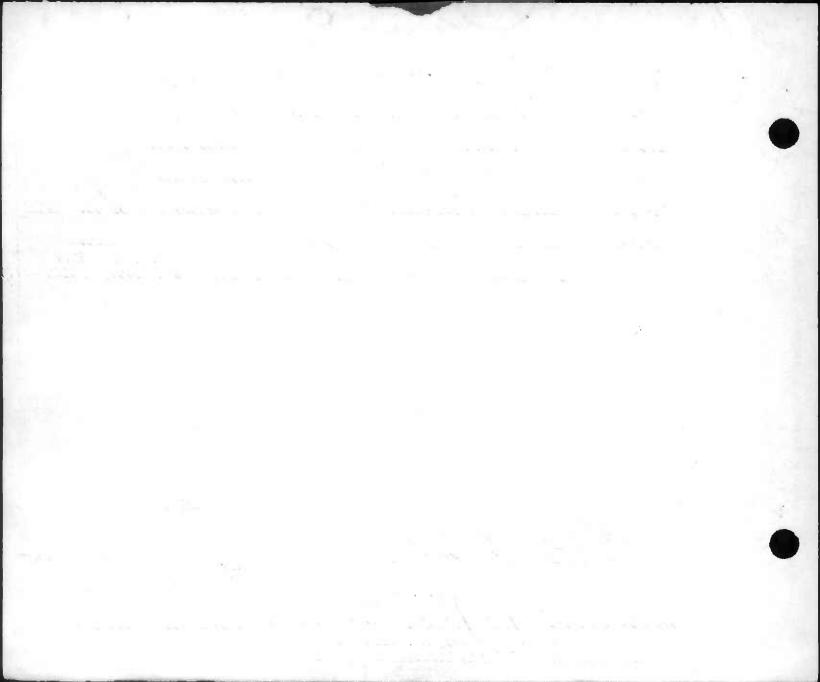
Catonsville Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Loring Byers Funeral Home, Randallstown, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Liberty Rd. 21133-4784



BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)

1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	REG. N	0.	5	1 2			
	CEASED NAME FIRST	N	IDDLE	L	AST	20. DATE OF		MONTH	DAY YEAR	2b. HOUR			
(TYPE	Matilda Matilda		D.		Dixon	Feb.	5,	1985		2:00 ^A			
3. SE	x Female	4. RACE Wh	ite	S. DATE O		6. AGE INY		ITHDAY)	MONTHS DAYS				
			CITIZEN OF WHAT COUNTRY? 8. U.S.A. WIDOWED XX DIVORCED					RALTIMORE CITY OF COUNTY OF DEATH					
	Elkton	Devine	Haven	Nurs	ing Home	120. USUAL C	FOR MOST	F WORKING LI					
USU. 130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OTHER INSTITUTION.	13c. CITY OF TOW	on	134. INSIDE CITY LIMITS?	130 SZREETS	ADDRESS	Main	Stree	1921 et			
14. FA	John I	fehry	Deaco	n	15. MOTHER'S MAIDEN NA Augusta		MIDDLER	ouch	desch	11			
	WAS DECEASED EVER IN U.S. AF		216-46-		George R.	Dixon				re,			
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Conces 19a. Date of OPERATION	DUE TO, OR (c) CONDITIONS CO tive h	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM TO With TO WAS PERFORMED	AINAL DISEASE	orcon	fusi 20b. IF YE		INGS USED			
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK	P.A PLACE C	a, month da a,	19	21f. HOW INJURY OCCURI 21f. LOCATION STREET			RY IN 17EM 18.		STATE			
	270. I certify that (I) (this hosp sow the decessed alive or obove, (I) (we) (did) (did no 271. SIGNATURE 272. PHYSICIAN'S DAME TO S. PS1ph	Feb.	3 19	1.0	h 24 19 83 Indicated that in (my) (even) opinion DEGREE ATTENDING PHYSICIAN (22) ADDRESS A 3 E Mail	MEDICAL DIRECTOR			222, DATE	that (i) (we) lost causes stated			
	BURIAL, CREMATION, RÉMOVAL (SPECIFY) Burial	23b. DATE 2-11-	85 ²³ c. N	klan	emetery or crematory d Cemetery	23d. LOCA	TION		COUNTY	or N.Y.			
24. #1	UNERAL DIRECTOR	FUN	ADDRESS	Elk	Ton, MO EBAT	1 Re1 D 198	SISTRAR	26b. REGIS	TRAR'S SIGNA	dile "			

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Part of the state		Sup H Luses	1/2 Bird		
dies.	To Marie	Male			
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meral director, page 3 in 72 hours after death

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	STATE REGISTRAR		DEI	CERTIF	ICATE OF D	EATH	REG. NO					
	CEASED NAME OR PRINT) Hen	FIRST	MIDDLE	Ĺ	uff	2		MONTH	DAY YEA	R 85	26. HOUR	1
3. SE:		4 RACE	hite	5 DATE C MONTH Fe	H DAY	YEAR 1901	AGE (IN YEARS LAST BIRTI	HDAY) YRS.	IF UNDER I		IF UNDER 24 HRS	
EA	RTHPLACE ISTATE OR FORE OUNTRY) REVILLE, A	D USA		MARRIE WIDOWE	D DN	ARRIED 9	BALTIMORE CITY O	11	Co		M	_
	ELK TON	UNIC	N HOSPI	TAL OF C		(TO USUAL OCCUPATE TYPE OF WORK FOR MOST OF PARMER			TRY	F BUSINESS O	R
130. S	RYLAND C	ECIL	13c. CITY O			NO)	30. STREET ADDRESS 15 PONDS NE	CK R	0.21	9	119	
	THOMAS	MIDDLE	DUFF		JAI		MIDDLE		(UNKNO	LAST		
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCE		36-7769	VIOLA I		ADDRE	55				
	18 CAUSE OF DEATH PART I. DEATH WAS IA Canditions, if any, v gave rise to immer couse (a), stating underlying cause	S CAUSEÓ BY: AMEDIATE CAUSE (a DUE TO which (b)	Hu.	ge ab	domina	1 A	neurysm		BFTW BFTW	EEN O	MATE INTERVAL INSET AND DEATH	
CERTIFICATION	PART 2. OTHER SIGNIF	eral ren	scontributin	G TO DEATH BUT MOYY ha VHICH OPERATIO	ge and	G.I.	AL DISEASE OR CONI Me me vrha 200 AUTOPSY? YES NOT	20b. IF YI IN CERT	ES, WERE FII	NDIN	IGS USED	
MEDICAL CER	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL I 21d, INJURY OCCURRE) WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH HOUR EXAMINER) 21e. PLA	A.M. MONT P.M. CE OF INJURY E, STREET, FACTORY, (19	211 LOCATIO STREET		CITY OR TOW		, PART I OR PAR	2)	STATE	
	220. I certify that (I) (t) sow the deceased abave. (I) (week (did 22b. SIGNATURE		20	19 <u>55</u> , at	DEGREE	, 19 <u>85</u> or) opinion de	ath occurred on the do			the c	that (1) (MC) la couses stated SIGNED	st
	22d PHYSICIAN'S NAM	E (TYPE OR PRINT) ACE	bens.	MAIN!		HYSICIAN A	PHRECTOR PHYSIC	IAN [nd	6	20185	5
23a E	BURIAL, CREMATION, RESPECIES)	MOVAL 23b. DATE		73c. NAME OF C		REMATORY	23d LOCATION CITY OF TOWN	E O	COUNTY	MA	STATE	

ADDRESS CECTLTON 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

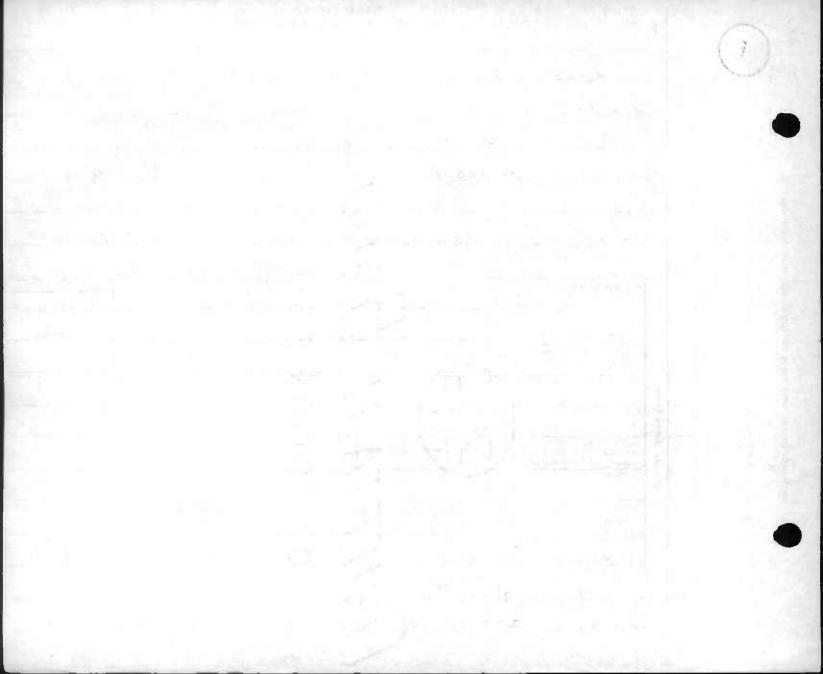
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24 FUNERAL DIRECTOR

STATE OF MARYLAND



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RESTON ST., BALTIMORE, MARYLAND 21201	ertificate he executed within 24 h
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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] - ST RE				T OF HEALTH AN ERTIFICATE OI		REG. NO	o.		
I. DECEA		RST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		zabeth	C.	Farmer		Feb. 1.	1985		11:30A M
3. SEX		4 RACE	5.	DATE OF BIRTH		& AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Female	Whi	te s	Sept. 17,		83	YRS.	INS DATS	HOURS MIN.
	PLACE (STATE OR FORE)	GN 76 CITIZEN OF	WHAT COUNTRY? 8.	AARRIED NEVE		9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Hem	lock, N.C.	U.S			DIVORCED T	Ce	cil		MD.
	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	OME OR OTHER IN	Name of the last	12a USUAL OCCUPATIO	NC		F BUSINESS OR
Ris	ing Sun		t Manor Nur		e, Inc.	Housewife		INDUSTRY	
USUAL R	ESIDENCE (IF NURSING	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM	ISSION)					
13a. STAT		Cecil	Rising Su		NO 1	13e.STREET ADDRESS /	ZIP CODE		
	R'S NAME	Cecii	Lightly bu		R'S MAIDEN NA	273	1219	7/(
	Winton	WIDDIE	Graybeal		Amanda	WIDDIE		LAST	
	DECEASED EVER IN U		166 SOCIAL SECURITY	NO. 17 INFOR	MANT	ADDRE	ss Md.	21911	
{YES, P	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	217-58-732	21 Inez	Moore,	2293 Telegra	aph Rd.	. Ris	ing Sun
18	CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse per CAUSED BY:	line for (a), (b), and (c)		2 1.7				MATE INTERVAL
g	onditions, if ony, whove rise to immedi	ote (Ib)	R AS A CONSEQUENC	v, O.				10	zus.
01		ost. (c)	R AS A CONSEQUENC		ED TO THE TERM	IN AL DISEASE OR COND	DITION GIVEN	IN PART I	
	m	utible o	mall <	YA 's	In 5+	Azens	-ma	-5 m	open
CERTIFICATION 120	DATE OF OPERATION	U 196 COND	ITION FOR WHICH OPE	ERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
	ACCIDENT WAS UNDERLY		F INJURY M. MONTH DAY	YEAR	INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	T OR PART 2)	1 1 1
	IF EITHER, NOTIFY MEDICALE	ZAMINER) P.	M.	19 211 LOCA	TION				
	HILE NOT WHILE NORK	CAT HOME STE	REET, FACTORY, OFFICE, FARM			CITY OR TO	WN	COUNTY	STATE
220		s hospital) attended th	e deceosed from		10 75	10 2-	19.	85.	that (I) (we) last
	sow the deceased a	live on(did not) view the body	1985	, and that in (n	ny) (our) opinion o	death occurred on the do	te and hour ar	d from the c	couses stoted
226	SIGNATURE	(did not) view the body	A A	DEGREE	ATTEMPTE	UEDICH STA		22c. DATE S	SIGNED
	Ohux	00 10	Lin	MO	PHYSICIAN D	MEDICAL STAF		ナーノ	1-85
220	PHYSICIAN'S NAME	(TYPE OR PRINT)	1 40	22e. ADDF	RESS	- 1			1150
22 01101	1 4 4	10/01	vor Mo	7	0.000447004	Tast LOCATION			
(SPEC		NOVAL 23b. DATE	23C NAM	E OF CEMETERY C	1 1	23d. LOCATION CITY OF TOWN	1 00	OUNTY	STATE
	RALDIRECTOR	12-4-8	55 /505	T DANK C	Dryotas 1250 DE	E REC'D. BY REGISTRAR	T CL	CI/	176".
C	NAME		ADDRESS		CATA C	TARREST AND	Nº .	72.J.	00_ ~
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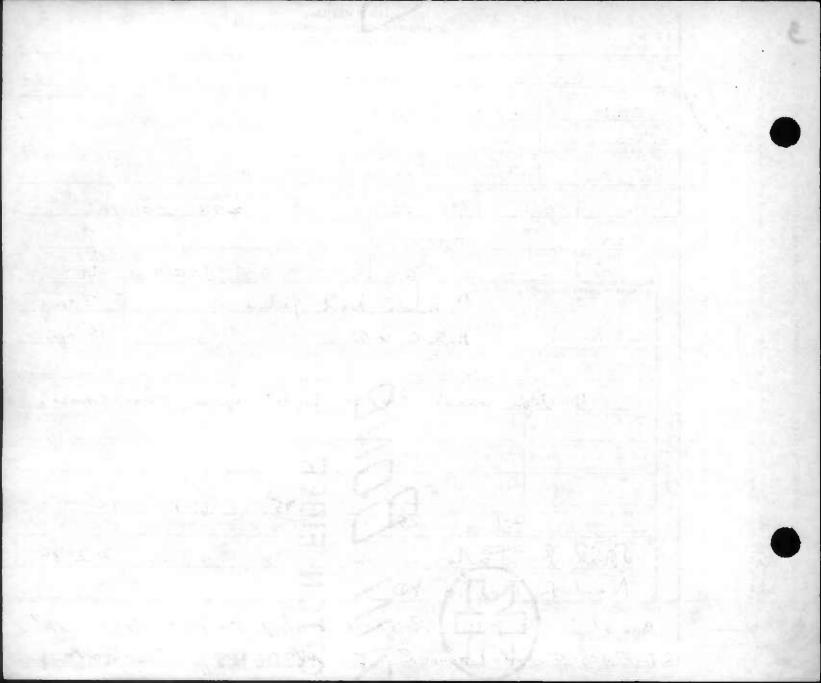
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral din should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

[MPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical examine must be lapticed at order.

(VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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injury, or other troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. N	10.	3 !	, 0
1. DECEASED NAME FIRST		MIDDLE	i	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
EDIT	H F	3. F	OSTE	R	FEB. 1	6.	1985	8:00a
3. SEX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whi	+-	Aug	13, 1906	78	YRS.		HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY			
Cecil Co. Md.	U.	S.A.	WIDOWE		Cec	eil (County	MI
10. CITY OR TOWN OF DEATH Elkton		HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWIT	ION OF WORKING	126. KIND O	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME (136, STATE)	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIMITS?	13 SIREET ADDRESS		Blvd.	1921
14 FATHER'S NAME		1467		15. MOTHER'S MAIDEN NA				
William	MIDDLE K €	ennard		'"s Mami	. e		Tyso	n
160 WAS DECEASED EVER IN U.S. A (YES, MEDPLINKHOWN) (IF YES, C	RMED FORCES?	214-74-		17. INFORMANT	300	EIK	kton _M B	12d921
I.8. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS MMED! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE HTWA L R AS A CONSEQUE	NCE OF	SMILL TON	ould to each	Asse	240	
PART 2. OTHER SIGNIFICANT	CONDITIONS CO							0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	ES, WERE FINDINTIFYING CAUSES	
	BEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 1	8 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF E	21e PLACE (AT HOME: ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
22a.l certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	12.	- > 19 8		nd that in (my) (aur) apinion	death accurred on the c	date and h		that (I) (we) las causes stated
226. SIGNATURE	ayzin			DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED 8-85

mole. ayin 224 PHYSICIAN'S NAME (TYPE OF PRINT)

24. FUNERAL DIRECTOR

SAME

Gee Funera

ATTENDING PHYSICIAN 220. ADDRESS

Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Rolando A. I	Najera, Mn.		105	E.	Main	Street,	Elkton,	Md.
BURIAL, CREMATION, REMOVAL		231. NAME OF CEA			- In Oil	23d. LOCATION	COUNTY	STATE
Burial	2/19/1985	Elkton	Cen	net	ery	Elkton	Cecil	Md.

ADDRESS Elkton.

DHMH - 16 50M 4/82 (VRA 15, 4)

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DHMH - 17 (VR A15 ME (5))

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) OF orman DEATH MATED 2d HOUR 1985 9. BALTIMORE CITY OR COUNTY OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Newark Lumber Co 600 Lewisville Road, 21921 LAST Pierce Mrs. Shirley A. Greer, Elkton, Md. 21921 BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO X 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY and in my apinian 23a. BURIAL, CREMATION, REMOVAL Buria1 2-26-85 St. John's Meth. Cemetery Cecil Maryland 25g DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR K TON

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IMPORTANT: If Hem 21 is morked or Hem 18 stovs any injury, ar other froumatic event, the medical exam

ral director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

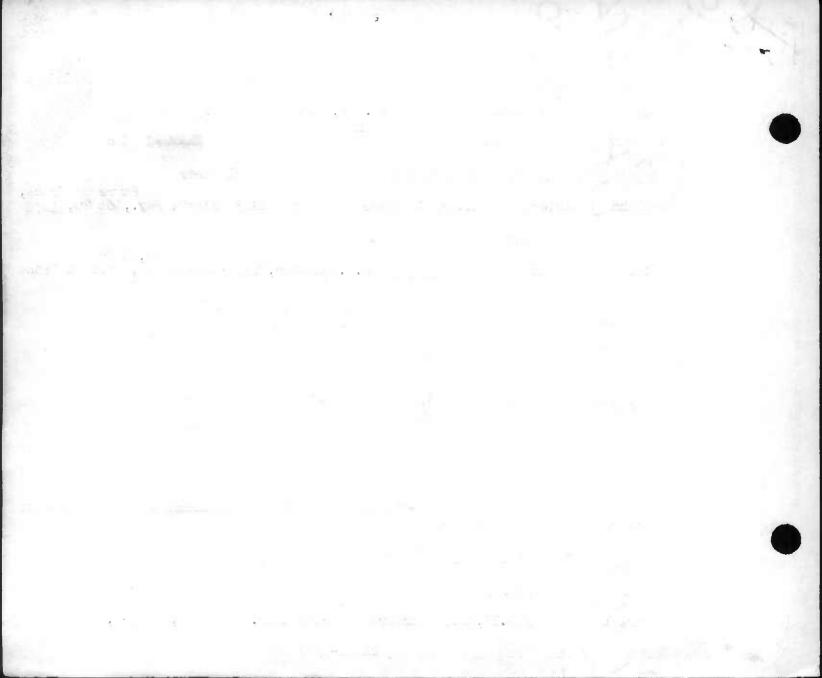
requires that the death certificate be executed with 11 24

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DHMH - 16 50M 4/83

	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HY		REG. NO.	0	5 1	! 8	
		CEASED NAME	FIRST	1	AIDDLE	I	AST		20 DATE OF DI	ATH M	ONTH DAY	YEAR	26 HOUR	
			BUFFO	SD		HAI	MILTON		Februar	v 7.	1985		12:30r	m
	3. SE	K		4 RACE		5. DATE C		YEAR	6. AGE IN YEAR			UNDER TYEAR	IF UNDER 24 HR	
10	M	ale		White		Sept	0 -			63	YRS	UNIS DATS	HOURS MIN	
1	la. Bl	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	what country	2 8		MARRIED -	9. BALTIMORE	CITY OR		FDEATH		_
5	Vi	rginia		USA		WIDOWE		NORCED		10:13	No. Kol	Cecil	٨	ND.
3	0. CI	TY OR TOWN OF DI	- 2	(IF NOT IN SUC	HOSPITAL, NURS H FACILITY, GIVE STRE	ING HOME C ET ADDRESS)		STITUTION	12a USUAL OC (TYPE OF WORK FO Coal M	R MOST OF		126. KIND C INDUSTRY	F BUSINESS C	R
5	USU/ 13a. S	AL RESIDENCE (IF NU STATE ryland	NI COUN	OTHER INSTITUTION.		ORE ADMISSION)		CITY LIMITS?	13e STREET ADI 2143 Pu	RESS / I	ZIP CODEH	avre o	de Grac 20,2107	e,
7/	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	AME	AIDDLE		LAS		
4	1	FIRST		UNK	tast			FIRST	UNK	MODE		LAS	1	
6		VAS DECEASED EVE		MED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORM	ANT		ADDRES	5 MD.2	1078		
1	1	YES NO OR UNKNOWN)	WWI	E WAR OR DATES)	231-12	-7016	C.L.H	milton.	,2143 Pu	laski			de Gra	ce
	ICATION	Conditions, if an gave rise to in cause (a), statunderlying courself. PART 2. OTHER SIGNATURE SERVE SEVENCE 190 DATE OF OPER	mmediate ting the se last. GNIFICANT COMME	DUE TO, OI		UENCE OF DEATH BUT and r	NOT RELATE	D TO THE TERM	rtery di	PR CONDI	TION GIVEN	VERE FINDIN	NGS USED	=
L	CERTIFIC								YES 🗌 N	o ⊠ x	IN CERTIFY IN YES [NG CAUSES	OF DEATH?	
1	MEDICAL CE	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW I		RED (ENTER NATUR	E OF INJURY	IN ITEM 18 PART	I OR PART 2)		_
	MED		WHILE		DE INJURY EET, FACTORY, OFFICE	E, FARM, ETC)	ZII. LOCAT	ET	(ITY OR TOWI	٧	COUNTY	STATE	
		22a. I certify that	this haspi	tal) attended th	e deceased fram	Febru	ary 6	. 19_85		muar	and the same of th			X
		XXXXXXXXXX	dia did no) view the body	atter death.	XXXX., ar	nd that in (m)	r) (aur) apinion	death accurred a	n the date	e and haur a	nd from the	causes stated	
/		226. SIGNATURE	13. 4	Huer	hour ?		DEGREE	ATTENDING PHYSICIAN [MEDICAL X DIRECTOR	STAFF		22c. DATE		_
		K. H. I					VA M		Center,	Perr	v Poin	nt. Md		
	23a B	BURIAL, CREMATION		23b. DATE	230	NAME OF C		CREMATORY	23d. LOCATIO	NC				=
	- (Burial	,	Feb.71				rial Ga	ns. Aber	deen,	Harfo		STATE	
	24_FL	JNERAL DIRECTOR			100000			25a. DA	TE REC'D. BY REG	ISTRAR 2	REGISTRA	R'S SIGNAT	URE	

Tarring Funeral Home, Aberdeen, Md. 21001-3399

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TO HOSPITAL OR ATTER	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death conditions be executed within A Membrands resoned by the hospital or attending physician.
TO FUNERAL DIRECTOR	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely lightly the trade- should be detached for use as the buriol-transit permit. Then please remove continuous Plages I and 2 thould be within 7
with the State Dept. of h	with the State Dept. of Health and Mental Hygiene prior to burial, cremanam.
IMPORTANT: If Hem 21	IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumants event the modified expanded ruth be restricted as
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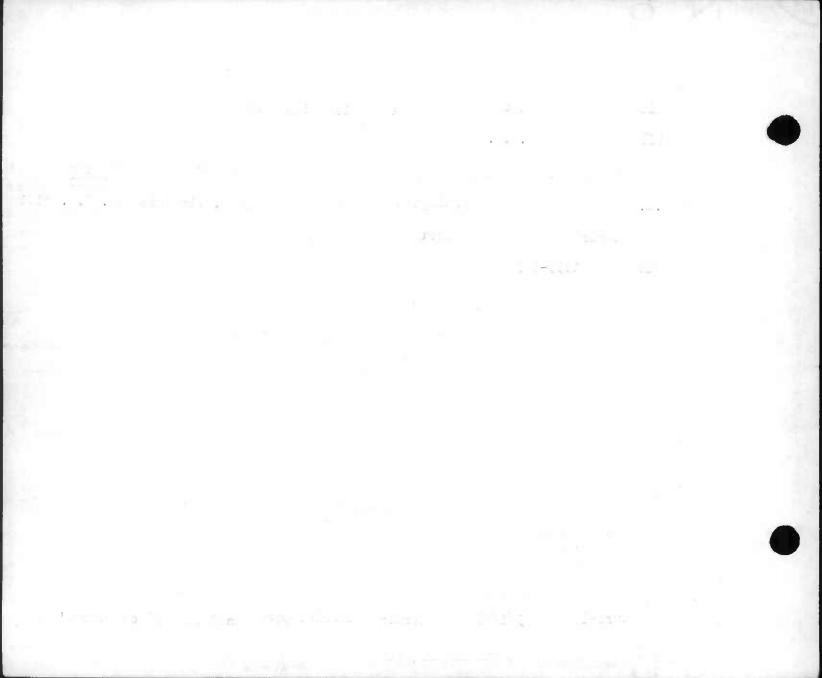
DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPA		HEALTH AND	MENTAL HYGI DEATH		REG. NO.				
		DECEASED NAME FRST MIDDLE LAST 70. DATE OF DEATH MONTH DAY SPECIAL PRINTS FEBRUARY 22, 19									YEAR	26. HOU 4:2	
	3. SE)		4 RACE		OF BIRTH		6. AGE IN YEAR		IF UNDER		IF UNDER	///	
9		ale	10		1936	48	YRS	MONTHS	UAYS	HOURS	MIN.		
	7e. 811	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	DO NEVED		9. BALTIMORE	CITY OR COUN		ATH		
2		hio	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED				C	ECIL				MD.
3		rry Point, Md.	(IF NOT IN SUC	H FACILITY, GIVE S	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACILITY, GIVE STREET ADDRESS) Dical Center				CUPATION R MOST OF WORKING	G LIFE) 12 b	SIND OUSTRY AT		ESS OR
7	13a S	AL RESIDENCE (IF MURSING HO) OF STATE N3b. 2011	OTHER INSTITUTION TY	GIVE RESIDENCE B 13r. CITY OR 1 Washir	SEFORE ADMISSION TOWN 1gton	13d INSIDE C	NO 🗌	13 STREET ADI	Virgini	DE AVE			#101
1	14. FA	ATHER'S NAME					S MAIDEN NAM	ΛE					
//		Leonard	WIDDLE	Hân	rt	L	uella	٨	AIDDIE		TAS	ı	
5	16a V	WAS DECEASED EVER IN U.S. AI		16b SOCIALS	SECURITY NO	17 INFORM	ANT	-	ADDRESS				
S	(1	Tesor unknown 1955	-1958 ATES)	578	58 774	O VAMC	, Perry	Point,	Marylar				
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O DUE TO, O (c)	Acute of R AS A CONSE Seizure R AS A CONSE	equence of disor		h chron	onic brain syndrome ERMINAL DISEASE OR CONDITION GIVEN IN PART TO				MATE INTE	, , , , ,
2	CERTIFICATION	190 DATE OF OPERATION	HICH OPERATION					III. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \)					
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (16 EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	R) P.	M. MONTH M.	19		ON	ED (ENTERNATUR	E OF INJURY IN ITEM	18 PART I ORI	PART 2)		STATE
		220.1 certify that (I) (this hosp	2	e deceosed fr		2-5-76	, 19	, to	2-22-			thot (X (
		sow the deceased alive on 2-22- 19 85 , and that in (our) opinion death occurred on the date and hour or above, (b) (we) (did) untranspried the body after death.											
-		226. SIGNATURE	^	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN 🔀	22		SIGNED			
		22d, PHYSICIAN'S NAME (TYPE OR PRINT)				22e ADDRE		J D MECTOR []	vicini es				
		PREM LA	AL, M.D.			VAMO	, Perry	Point,	Maryla	nd			
	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		5		cemetery or y Memor	crematory ial par	k Land	over Pr	ince	Geor	ge's	š'^'MD
	24 FU	UNERAL DIRECTOR					25a. DATI	E REC'D. BY REG	SISTRAR 256. REG	SISTRAR'S S	IGNAT	URE	

Rollins Funeral Home, Washington, DC

Adia Pavidson Randalle



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	retained by the haspital ar attending physician.	0	should be defached far use as the buriol-transit permit. Then please remave carbon popers. Pages, and 2 should be filled within the great death with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar remaval.
-	L.	- Berry	10 >

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STATE OF MARYLAND	1740	n	True .	1	5)	2
ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	4)		~	ş	64	,
CERTIFICATE OF DEATH	REG. NO	0.				

FOR STATE REGISTRAR			DEPART		HEALTH AND ME		IENE REG. I	VO.	2 !	44	O
1 DECEASED NAME	FIRST	170	MIDDLE		LAST	-	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	UR
(TYPE OR PRINT)	MARY		М.	H	EBB	100	FEBRUARY	10,	1985	3;1	5p.,
3 SEX		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEA	R IF UNDER	- 11
Female		White		Oct	ober 6,	1887	97	YR	MONTHS DAY	HOURS '	MIN.
TO PIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8.	-		9 BALTIMORE CITY	1.75	V.		
Maryland		USA		WIDOW	D NEVER MAI		Cecil				ME
Rising Sun		11. NAME OF UF NOT IN SUC Calver	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITU		120 USUAL OCCUPATION OF THOUSEWIFE		G LIFE) 12h KIND INDUSTR	OF BUSIN	
SUAL RESIDENCE (IF N 13a STATE Mary land	IN COUN	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS 2435 Rock			50	
FATHER'S NAME FIRST Edwin		MIDDLE	Moores		15. MOTHER'S M	T	Rebeco	a	Griff	ast 1 th	
169 WAS DECEASED EV			166 SOCIAL SEC		17 INFORMANT		ADDI			21601	
NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	216-05-	6947	Mrs. Na	ancv H	. Foard, E	lox 4			
gove rise to cause (a), sto underlying can	Conditions, if ony, which gave rise to immediate cause last. (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN							GIVEN IN PART YES, WERE FIND RTIFYING CAUSE	INGS USE	D TH?	
RI							YES NO YES NO				
OR CONTRIBUTION F			FINJURY M. MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF IN)	URY IN ITEM	18 PART I OR PART 2)		
(IF EITHER NOTIFY M	AEDICAL EXAMINER)	P.	M	19	W. Dur						
216 INJURY OCCU		21e PLACE	OF INJURY REET, FACTORY OFFICE,	FARM ETC)	21f. LOCATION		CITY OR T	OWN	COUNTY	5	STATE
sow the dece	22a.1 certify that (I) (this haspital) attended the deceased from 1985, to 1985, to 1985 that (I) (we) last sow the deceased alive an 1985, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above. (I) (we) (did) (did not view the body atter death.										
226 SIGNATU									E SIGNED - 11 - 8	5	
226 PHYSICIAN'S	NAME ITYPE OF	Hist)	2 0		22e ADDRESS	-					
Neil N	R. Tayl	or, Jr.	M.D.		Haines	Ave.	& Walnut, R	isin	g Sun, M	1d. 2	1911
23a BURIAL, CREMATIO	N, REMOVAL	73h DATE	230	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION				
Crematio	n	2-11-8	35 Cr	atin	& Ferris	Crema	tory, West	- Che	COUNTY D	S	STATE
HICKS HUME	Loc FI	XX	ADDRESS ELK TON	MD	21021	25a DATE	REC'D. BY REGISTRAN	25b. REG	ISTRAR'S SIGNA	TURE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

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completely filled in by the funeral dir.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ci should be detached for use as the burial-transit permit. Then please remove carban papers. Pages is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is morked or Item 18 shaws any injury, ar other traumatic event, the

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3	FOR	DEPARTMENT OF HEALTH AND
1 -	STATE REGISTRAR	CERTIFICATE OF I

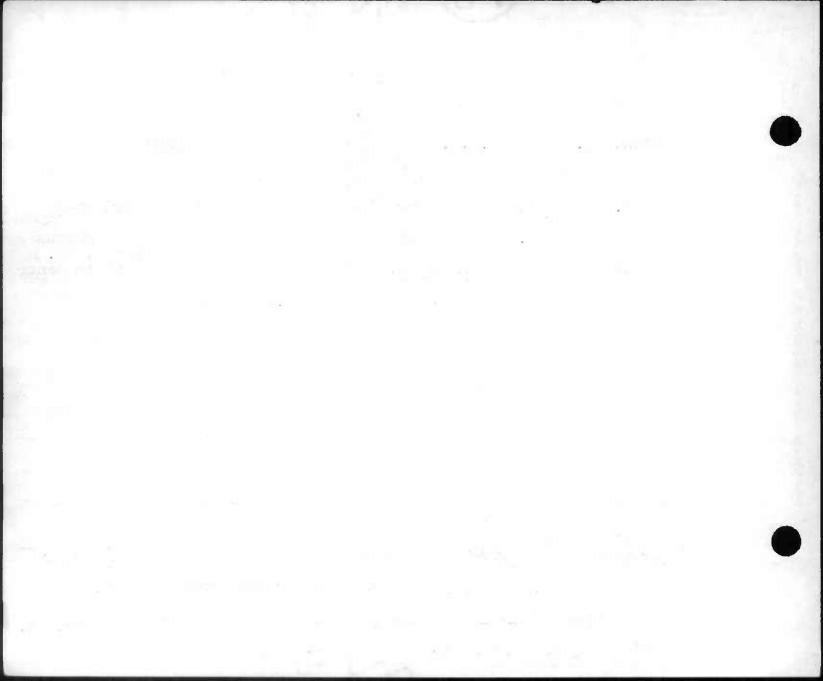
STATE OF MARYLAND MENTAL HYGIENE DEATH

	REG.	NO.			
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	FEBRUARY	10,	1985		2:18P
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ı		EASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
V	(IAME C	GEORGE JOSEPH HITCHENS					HENS	FEBRUARY 1	0. 19	985	2:18P M	
Я	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEA	AR IF UNDER 24 HRS	
Ί		Male)	Wł	nite	Sep		66		MONTHS DAY	S HOURS MIN.	
1	70. BIR	THPLACE (STATEO	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNT	Y OF DEATH		
	คาน	ton, Mo		II	S.A.		D NEVER MARRIED	_	ecil			
4		Y OR TOWN OF DE				WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR	
ŝ				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Т	(TYPE OF WORK FOR MOST C	F WORKING L	WEI INDUSTR	Υ	
4		RY POTNT	MD RSING HOME OR		CAL CENT			lant Oper	ator	AI	senal	
)	130 ST	Md.	Ce C	ITY	13c CITY OR TOW	ton	13d INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRESS . 16 Main	ZIP COD Sail	Driv	e d	
	14. FAT	HER'S NAME		MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	and the second s			ASI	
4		George		W.	Hitcher	ıs	Märgar	ret			Marcus	
٦		AS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	where	lkton		
١	(16	yes	WV	WAR OR DATES	213-01-9	050	Margaret Wa	atson 6 Ho	llin	gswor	th Manor	
ı		I CAUSE OF DEA	TH (Enter on	ly one cause per						APPRO	DXIMATE INTERVAL IN ONSET AND DEATH	
١		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CIRRHOSIS OF LIVER WITH RENAL FAILURE										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if on	v which	1	R AS A CONSECU	ENCE OF						
1		gove rise to in	mmediate	(b)								
ı		underlying cour			r as a consequ	ENCE OF						
1	ŀ	PART 2 OTHER SIC	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AT DISEASE OR CON	DITION GI	IVEN IN PART	lia	
1							THE TENTE TO THE TENT					
7	CERTIFICATION	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USEI				
4	Ē							YES NO YES NO				
5	E E	210. ACCIDENT WAS U			FINJURY M. MONTH D.	AV VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
7	¥.	OR CONTRIBUTING		in .		19						
1	MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION	CITY OR TOWN COUNTY			STATE	
ı		WHILE NOT	WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	FARM ETC }	SINCE	Citionio			317112	
1		220.1 certify that (1) (this hospit	ol) attended th	e deceased from_	JANUA	RY 30 19 85	to FEBRUAR	Y 10	19 85	, that (Intwe) last	
١		sow the dece	sed olive on	FEBRUAR	RY 10 19	85	nd that in () (our) opinion	death accurred on the d	ate and ho	our and from th	he couses stated	
1	ŀ	sow the deceased alive on FEBRUARY 10 19 85 , and that in (My) (our) apinion death accurred on the date and hour and from the causes stated above, (1) well (did) (did not) view the body after death. 726 DATE SIGNATURE DEGREE 126 DATE SIGNED										
1		pegen	- le	/acega	1	M	ATTENDING	MEDICAL STA	FF X	21	10/85	
4	1	27d. PHYSICIAN'S	NAME (JAFO	R PRINT)			22e ADDRESS	_ DIRECTOR PHI SIC	JAN	-/-	70	
1		EUGEN	JE A	JAEGER,	M.D.		VA MEDICAL CE	NTER. PERRY	POIN	NT. MD.		
+	23n Bi	JRIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	123d LOCATION		,,		
	(5	Cremati	On	2-12-			& Ferris	CITY OR TOWN		COUNTY	STATE	
		NERAL DIRECTOR	. 011	4-14-	0) 01	e O III		West Che		Ches	ter, Pa.	
		EE-FUNER	AL HOM	E, ELKT	ON, MPDRESS			1985 Juliar	widow	-Nondalli		
- 1		V / (V	0100	1100	ってん		CER 13	ALC:			-	

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune all dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. at Health and meritor. 179 years proceed injury, or other traumatic event, the medical example IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical example IMPORTANT.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
LAST	20.1

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1-	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG	IENE REG.	NO.		
	CEASED NAME FIRST		iberg		LAST	76. DATE OF DEATH	HINOM	1985	25 HOUR
100	Female	4. RACE White	5		OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
В	RTHPLACE (STATE OR FOREIGN COUNTRY) altimore, Md.	USA		WIDOW			Count	У	MD.
E	ITY OR TOWN OF DEATH 1kton	Unior	Thospital	DRESS)	OR OTHER INSTITUTION	TYSECTETAL		100 PLATE	y Govern.
13e.	V		13 EITY OR JOWN	(MISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRES	s / zip co	Ave.	21221
	Gary M				15 MOTHER'S MAIDEN NA/ FIRST Augu 17. INFORMANT	sta Buch	nman	LAS	
	No -	E WAR OR DATES)	213 16 51	.68	Danald L. Hom		Balt	o., Md.	21218
NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH			CE OF	TNOT RELATED TO THE TERM	TERUS.		GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	FION FOR WHICH O	PERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES					
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 1 216. PLACE OF INJURY CAUSE NOT WHILE NOT WHILE ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK 270. Certify that (I) (this hospital) attended the deceased from				216 HOW INJURY OCCURR 216 LOCATION STREET		NJURY IN ITEM II	COUNTY	STATE that (I) (we) lost
	sow the deceased alive an above, (I) (we) (did) (did not) view the body after death of the deceased alive and hour and from the couses stated obver, (I) (we) (did) (did not) view the body after death obver, (I) (we) (did) (did not) view the body af							couses stated	
1	BURIAL, CREMATION, REMOVAL	23b. DATE 3/4/8	15.		CEMETERY OR CREMATORY Memorial Garde	23d LOCATION	ir, Ma	ryland	STATE
M.F	zdzinski Funera	1 Home	1407 81	d E	astern Ave MAR	E REC'D BY REGISTR	AR 25b. REGI		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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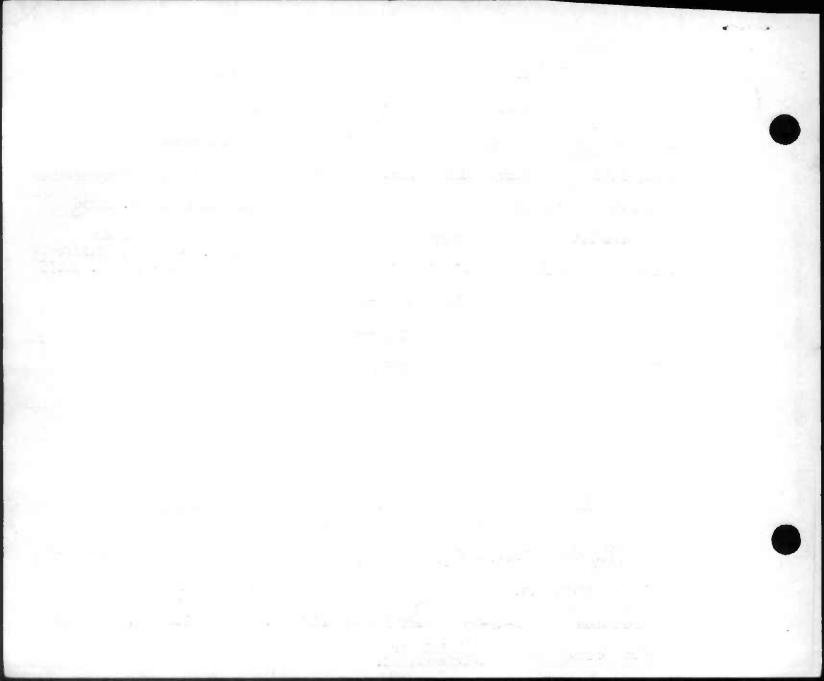
JIAIL OF MARILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIE	NE REG. NO	o.	<i>y</i> .	4.
	CEASED NAME	FIRST		MIDDLE	l.	AST	1 2	o. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TAPE	E OR PRINT)	BENED	ICT G.	HUBER				February	15.	1985	5:10R
3 SE	x		1. RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
MA	LE		WHITE		MONTH 7	4 1909	9	75	YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY O		TY OF DEATH	
	RYLAND		US	A	WIDOWE	DIVORCED		Cecil Cou	inty		MD.
	ITY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	1	20 USUAL OCCUPATION			F BUSINESS OR
Pe	rryville		Perry	HEACILITY, GIVE STREET Point Ve	terans	Hospital		Construct			nfelder
13a. S	AL RESIDENCE (# N STATE LRYLAND	1131 COUN	THER INSTITUTION, TY IMORE	GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMIT	S? 1	SIREET ADDRESS	zir coi vale	Řd. 212	Son
M. FA	ATHER'S NAME FIRST Bened:	ict	NIDDLE	Huber			eres	a.		Zinser	
16a. V	WAS DECEASED EV	ER IN U.S. ARA		166. SOCIAL SEC		17 INFORMANT C	athe	erine Eadmi	per		
YH	YES NO OR UNKNOWN)	WW II	WAR OR DATES)	216 07	5372	& VAMC, F	Perr	y Point, M	ary1	and Rd.	21236
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia								APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
	Conditions, if ony, which ((b) Ingestion of shampoo										
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Suicide										
N O	PART 2 OTHERS	IGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	IAL DISEASE OR CON	DITIÓN G	IVEN IN PART 110	3
CERTIFICATION	190 DATE OF OPE	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT			H OPERATIO	IN CERTIFYING CAUSES OF DE					
	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A	CAUSE OF DEAT	110110 1	M. MONTH D	AY YEAR	216 HOW INJURY OC	CURRE	D (ENTER NATURE OF INJUI	RY IN ITEM II	3 PART 1 OR PART ?)	
MEDICAL	214 INJURY OCC	WHILE WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	ZII LOCATION STREET		CITY OR TO	WN	COUNTY '	STATE
	220 I certify that saw the dece abave, XIX.ve					nd that in trave (our) opi	-		15- ate and h	. 19 <u>85</u> . our and from the	
	276. SIGNATURE		1	1		DEGREE				22c. DATE	SIGNED
	Kn	, W	Chuz	mt la	-	ATTENDIN PHYSICIA	NG AN	MEDICAL STAI		2-1.	5-85
	224. PHYSICIAN	NAME (TYPE OF	PRINT)		-	22e ADDRESS		***		•	
	ROY CHE	SNUT, M	I.D.			VAMC, Perr	y Po	oint. Marv	land		
	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATO		23d LOCATION		COUNTY	-/*
	Cremati	on	2-19-	-85 We	estvie	w Memorial	Pk.	Bal	timo	re, Mary	land
	UNERAL DIRECTOR			7401 Bel	Air R		DATE	REC'D. BY REGISTRAR	256 REGI	STRAR'S SIGNAT	URE
Las	ssahn Fun	eral Ho	me :	Baltimore	Md.				2	Kin Y	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this ceruficate has been signed by the attending physicion and should be detached for use as the buriol-transif permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th



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OR A	ne haspital
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		- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRS		MIDDLE	LAST	to brite of beritti	DAY YEAR 26 HOUR
		Winni	e	D. 1	Husfelt	Feb. 19, 198	5 2:15P
	3. SE	X	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1		Female	[v	Mhite	9-24-89	95 YRS.	54.0
6		RTHPLACE (STATE OR FOREIG	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1		Maryland		US	WIDOWED DIVORCED	Coca	
9	10. C	Rising Sun	(IF NOT IT	OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	126 KIND OF BUSINESS INDUSTRY
6		AL RESIDENCE IF NURSING HOSTATE 136. (county Cecil	13t. CITY OR TOW Earlevil		130 STREET ADDRESS / ZIP CODE RD 1 GROVE NEC	~ / - / /
10	14. FA	ATHER'S NAME FIRST /Daniel	MIDDLE H. Husfe	LAST	15 MOTHER'S MAIDEN N	Pippin Times	LAST
		WAS DECEASED EVER IN U.	S. ARMED FORCE	S? 166. SOCIAL SECU		Apt. 2DDRESS	1980
	1	YES, NO OR UNKNOWN)	ES, GIVE WAR OR DATE	221-32-1	482 Charlotte Ha	amilton, 1616 Broom	
			EDIATE CAUSE (o	t .	ence of a la 17		
		Conditions, if any, whis gove rise to immedia cause 101, stating the underlying cause los	DUE TO	D, OR AS A CONSEQUE D, OR AS A CONSEQUE	NCE OF	,	
	ATION	Conditions, if any, whis gove rise to immedia cause (a), stafting (b) underlying cause la- PART 2. OTHER SIGNIFIC.	DUE TO	D, OR AS A CONSEQUE D, OR AS A CONSEQUE S CONTRIBUTING TO E	ence of the Heart Dience of Death BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITION GIN	
9	IFICATION	Conditions, if any, whis gove rise to immedia cause 101, stating the underlying cause los	DUE TO	D, OR AS A CONSEQUE D, OR AS A CONSEQUE S CONTRIBUTING TO E	NCE OF	MINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 200. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH
9	CAL CERTIFICATION	Conditions, if any, whis gove rise to immedia cause 101, stating It underlying cause law PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	DUE TO the tee tee tee tee tee tee tee tee tee	O, OR AS A CONSEQUE O, OR AS A CONSEQUE OS CONTRIBUTING TO E ONDITION FOR WHICH	ENCE OF ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 21c. HOW INJURY OCCU	MINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 200. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO
9	MEDICAL CERTIFICATION	Conditions, if any, whis gove rise to immedia cause 101, stating It underlying couse lost part 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (# ETIMER, NOTHY MEDICALEX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DUE TO the tee tee tee tee tee tee tee tee tee	O, OR AS A CONSEQUE O, OR AS A CONSEQUE ODDITION FOR WHICH AE OF INJURY R A.M. MONTH DA ACE OF INJURY E, STREET, FACTORY, OFFICE, F	ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCU ARM. ETC.) 211. LOCATION STREET	MIN AL DISEASE OR CONDITION GIVEN TO SET THE SET OF THE	S, WERE FINDINGS USED FYING CAUSES OF DEATH' ES NO PART 1 OR PART 2)
9		Conditions, if any, whis gove rise to immedia cause 101, stating 11 underlying couse lost part 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (# EITHER, NOTHY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270.1 certify that (1) this saw the deceased of obove, (1) (we) (did yie obove, (1) (w	DUE TO the { (b) the } DUE TO the } DUE TO the } DUE TO the } TO DUE TO TO D	O, OR AS A CONSEQUE O, OR AS A CONSEQUE ONDITION FOR WHICH AE OF INJURY A.M. MONTH DA P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE, F	ENCE OF CONTROL CONTRO	MINAL DISEASE OR CONDITION GIN 200 AUTOPSY? YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18	S, WERE FINDINGS USED FYING CAUSES OF DEATH: ES NO PART I OR PART ?) COUNTY STATE 19 , that (I) (we by ond from the couses state
99		Conditions, if any, whis gove rise to immedia cause 101, stating it underlying couse law underlying couse law PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (# EITHER, NOTHEY MEDICALEX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK SAT WORK SA	DUE TO the tee to the	O, OR AS A CONSEQUE O, OR AS A CONSEQUE ONDITION FOR WHICH AE OF INJURY A.M. MONTH DA P.M. ACE OF INJURY E. STREET, FACTORY, OFFICE, F	CHARLES OF CONTROL STREET AND ARM, ETC.) PEACE OF CONTROL STREET AND ARM, ETC.) PEGREE MAN ATTENDING	MIN AL DISEASE OR CONDITION GN 200 AUTOPSY? YES NO YES RRED (ENIER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO PART I OR PART ?) COUNTY STA

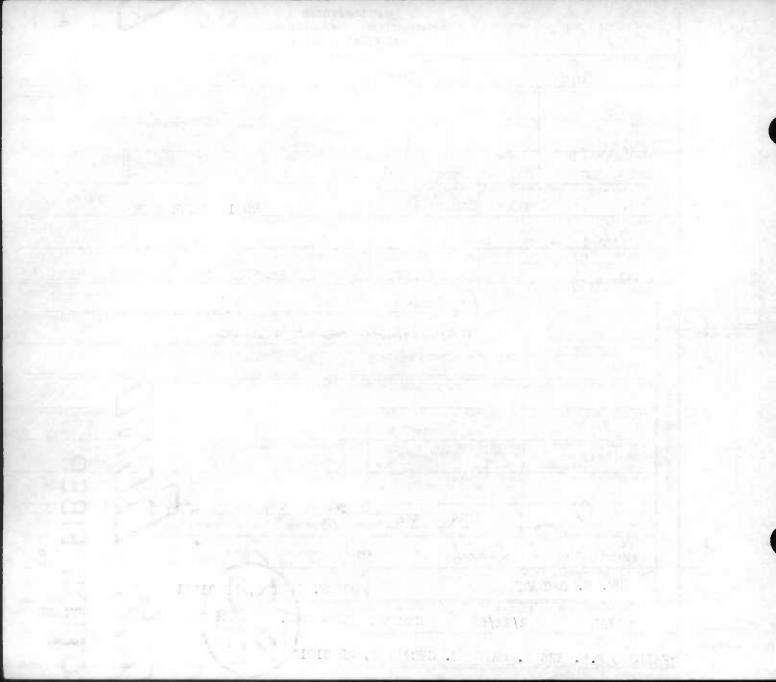
DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL retained by t

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FELLOWS F.H. 226 E. MAIN ST. CECILTON, MD 21913

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DHMH - 16 50M 4/B3 (VRA 15, 4)

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ecuted within		d completely
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be		TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remaye carbon papers. Page 1 == 1.2 should be then within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e death certi		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar remayal.
vires that th		igned by the en please rea burial, crem
The low req	cian.	e has been s sit permit. Th giene priar to
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TENDING	pital ar atte	TOR: After to for use as the
ITAL OR AT	by the has	e detoched Stote Dept.
O HOS	etained	should b

any injury, or other

Item 18 shaves

IMPORTANT: If them 21 is morked or

1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE B S	0 5	1 2 5
	CEASED NAME FIRST	WIDDIE	U	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
	MTCHAE			TAMISON	February 8		12:55pm
3. SE	MALE	WHITE	5. DATE O		6. AGE (IN YEARS LAST BIRT	YRS MONTHS I	DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	DI DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEAT	MD.
	erry Point, Md	NAME OF HOSPITAL, NURSII VIENOT IN SUCH FACILITY, GIVE STREET VA Medical Ce	ADDRESS]	R OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE INDUS	ND OF BUSINESS OR
USU	AL RESIDENCE (# NURSING HOME OR OTH		VN I	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		,99999
ILE.	ATHER'S NAME CARL MIDI	TO HIK		15 MOTHER'S MAIDEN NAM	MIODLE	_	PAETT
	NAS DECEASED EVER IN U.S. ARME yes, noor unknown) (IF yes, give w			CAROLY H	ADDRE	1 6.00	H BOTTON
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Note at a		elanoma to abo	domen and bi	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU					
	gove rise to immediate couse (a), stating the underlying cause lost		ł				
N O	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	OITION GIVEN IN PAI	RT)ta			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20€ AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CALL YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	स २)
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOV	VN COUN	IY STATE

AT WORK AT WORK 220.1 certify that (trithis haspital) attended the deceased from Fobruary 5, 19, 85, to February 8, 19, 85, xoosood, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

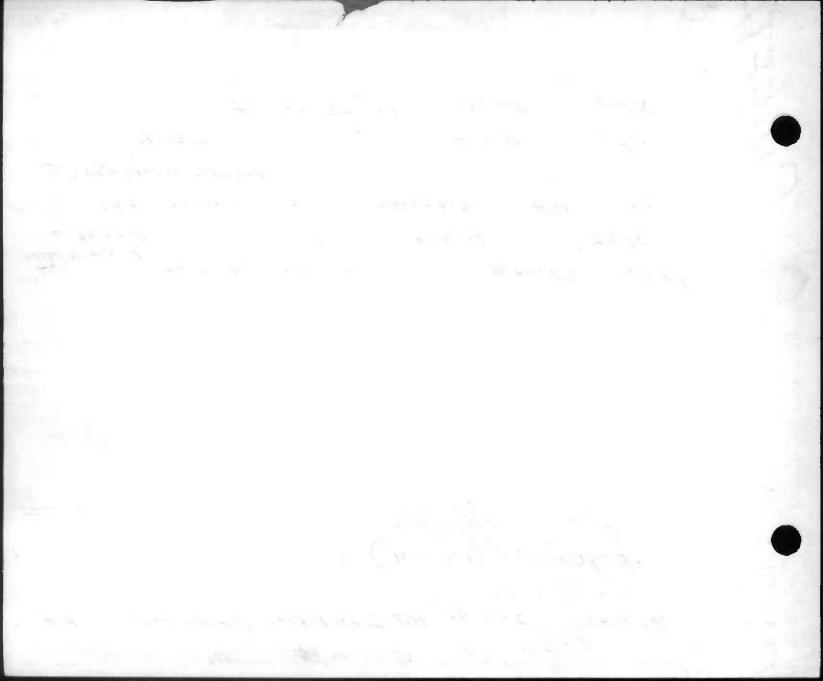
17h SIGNATURE .	1 101	PEGREE		22c. DATE SIGNED
Spagnin	N. Danuary).	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2-8-85
AND A PROPERTY AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AS			05.00	

Modical Center MA

J. R. GARCIA,	M.D.	VA MEGICAL	cerreer,	rury	POHIC,	1.100
BURIAL, CREMATION, REMOVAL	23b. DATE 2-/2-85	NETERY OR CREMATORY			LD COUNTY	

24 FUNERAL DIRECTOR

Collins Funeral Hame,



	1 -	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8 5	0. 0	51	2.6
		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
			Milton	Α.		Janata	February 1	7, 1985		2:45A M
	3 SE	X	m 1.5	RACE W	S. DATE	OF BIRTH THE TOTAL OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	HOURS MIN.
5		RTHPLACE (STATE	TE OR FOREIGN 7b.	CITIZEN OF WHAT	COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY O	_	ONT.	MD.
3		ry Poin			ITAL, NURSING HOME ITY, GIVE STREET ADDRESS) L Center	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	F WORKING (IFE)	126 KIND OF	BUSINESSOR
3	13a. S	AL RESIDENCE (IF	NURSING HOME OR OTH 13b COUNTY	13 <u>c.</u> (ESIDENCE BEFORE ADMISSION CITY OR TOWN DEEWOOD	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	1	2104 STW0	
2/	I4. FA	THER'S NAME FIRST	AV	JAN	ATA	15. MOTHER'S MAIDEN NA	WE	UNI	T LAST	
2		VAS DECEASED E	EVER IN U.S. ARMEI	AR OR DATES!	8 10 8015	LEDNA J	ANATA	-	OVE	
		Conditions, if gave rise to cause (o), sunderlying c	immediate stating the	AUSE (o) Ca DUE TO, OR AS (b) Pn	rdiac Arres a consequence of eumonia a consequence of	st				NSET AND DEATH
	NO O	PART 2. OTHER	SIGNIFICANT CON	IDITIONS <u>CONTR</u>	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1to	
1	CERTIFICATION	190 DATE OF OF	PERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, V IN CERTIFYIN YES [G CAUSES	
1			CAUSE OF DEATH	21b. TIME OF INJ HOUR A.M. P.M.	URY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	1 OR PART 2)	
	MEDICAL	21d INJURY OC	OT WHILE AT WORK	218. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify the sow the de obove, (I) (x 22b. SIGNATUR	ceosed alive on	ottended the dec February ew the body offer	eosed from Febr 17 19 85 deoth.	DEGREE ATTENDING	deoth occurred on the di	ote and hour o	85 , t nd from the c	ouses stated
		1111	'S NAME (TYPE OR PR	1 /	1	22e ADDRESS VAMC, Perry				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon popers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, the

> 24 FUNERAL DIRECTOR J.G. CONNELLY

23s. BURIAL, CREMATION, REMOVAL

2/14/85 230 NAME OF CEMETERY OR CREMATORY
BOHEMIAN CEM 300

M D. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE

390.... water 325 persons to

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MABEL M. JENSEN FEBRUARY 15, 1985 FUNDAMEN MADEL	25 HOUR
SEX	
Pemale	a
The BRITHPLACE (STATE OF FORCE)	IF UNDER 24 H
To BRITHPIACE STATE OF FOREIGN TO COUNTY MARRIED STATE STA	HOURS M
Maryland USA	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION 12. CITY OWN OR SUCH ACERT, GOVERNOUS 13. KIND OF BUSING HOME OR OTHER INSTITUTION 12. CITY OR TOWN 13. CITY	
Maryland Cecil Elkton 136 KOUNTY Maryland Cecil Elkton 136 KINDECTITURINES? 201 Landing Lane 219	BUSINESS
Maryland Cecil Elkton YES	
1. AST MADDIE MADDIE MADDIE MAST MADDIE	21921
No	
NO NUMBER OF THE PART I OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I OF AS A CONSEQUENCE OF USE FINANCE IN CAUSE OF DEATH OR AS A CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (FETHER NOTIFY MEDICAL EXAMINER) 216. ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (A HOME.) STREET, ACCIDENT WAS UNDERLYING ON THE PART OF	
18 CAUSE OF DEATH Enter only one couse per line for ion, (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to) Carcinoma of the rt. breast over 4 more DUE TO. OR AS A CONSEQUENCE OF With extensive	
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Carcinoma of the rt. breast over 4 more part of the rt. breas	210
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR FETHER, NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (Mins hospital) attended the deceased from CT 3 19 84 to CD 18 19 85, that (I) sow the deceased alive an obave, (I) (we) (did) (did not) view the bady after death, 22b. SIGNATURE 22c. DATE SIGNE 22d. PHYSICIAN'S NAME (17PE OF BRIT) 22d. PHYSICIAN'S NAME (17PE OF BRIT) 22e. ADDRESS	
220. I certify that (I) (this tospital) attended the deceased from 1 Ct 3 1984, to 1 Ch 18 1985, that (I) saw the deceased alive an Feb 1719 85, and that in (my) (early) apinion death accurred on the date and hour and from the causes above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/18/8	140 []
sow the deceased alive an FCh 17 19 85, and that in (my) (607) apinian death accurred an the date and hour and from the causes obove, (1) (we) {did} {did not} view the body after death. 22b. SIGNATUSE DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/18/8	STATE
S. Ralph Andrews, M.D., 233 E. Main St., Elkton, Md.	hat the food

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

HICKS HOME ELKTON. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE FEB 22 1985 Traidon-Randale

MD. 21921

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	EASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	OR PRINT)	10110	M	iller	To	205		0:	23 85	225
1. SEX	1-5	14110	RACE	THO	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
3. 367		,			MONTH	DAY YEAR	0-	٨	AONTHS DAYS	HOURS MIN.
	Female		Black		Jan.	15, 1904	81	YRS.	0.000	
	RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	DK COUNTY	OFDEATH	
M	laryland			S.A.	WIDOWE	D DIVORCED	Cec	1101	trove	MD.
10. CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	128. USUAL OCCUPAT			F BUSINESS OR
E	1Kton		Laur	elwood	10	UCSING Center			Priv	vate
USU/ 13a. S	AL RESIDENCE (# NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		1000	21078
	ryland	Harfo	rd	Havre de	Grace			1 Hill	Rdar	de Gr.
	THER'S NAME					15. MOTHER'S MAIDEN NA			2100	40 42 0
)	William	M	DDLE	Herbert	na.	Management	MIDDLE		Mille	
16- 16	VAS DECEASED EVER	INITIS A PAA	ED EODCES?	16b. SOCIAL SECUE		Margaret 17. INFORMANT	ADDR	ESS		
190 V	VES. NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)				10 0 11	: 7 7 D 3	210	
	NO	N/A		220-30-35	205	Jean Long, 401	19 Gravel H	III Ka	H de	G. MD
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (a), (b), and	1(0).1			1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W	IMMEDIATE		(a. cdi	o r	Esperator	y wire			
			DUE TO O	R AS A CONSEQUE	NCE-OF	n A 11	1+0			
	Conditions, if ony,	which	(b)	and	ine 5	durcherter	in fire	esl	>	
	gave rise to imm		PUE TO O	R AS A CONSEQUE	EOF	_1	110	1		
	underlying couse		DUE 10, 0	R AS A CONSEQUE	(1)	agalian H	eart ta	Veral		
	PART 2 OTHER SIGN	VIEICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 110	0.
N	TAKE OTHER STOP	THE PART CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 4411100 1 11 10 10 10 10	27111	TO THE TERM	With Brocking On Co.			
CERTIFICATION	19g DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
FIG							YES NO		YING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS UNE	DERLYING [7]	21b. TIME C	F IN ILIRY		21c HOW INJURY OCCURE			-	140
	OR CONTRIBUTING		1100110 4		Y YEAR	The right occord	(E) (E) (A) (O) (A)	JK 1 14 (1 () 1 () 1 ()	An . On . An	
MEDICAL	(IF EITHER NOTIFY MEDI		P.		19					
ê e	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM. ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
-	AT WORK NOT WE	BK L			-01	0.0	2/	0	ar	
	22a I certify that (1)	Whis hospita	l) attended th		10/ 6	19 8 7		,	19.	that (1) (we) ast
	sow the decease obove, (I) we (I	did did Ant	yew the hody		72 0	ad that in my lour) opinion	death occurred on the o	lote and hou	r and from the	couses stoted
- 11	22b. SIGNATURE	11	1	1		DEGREE			22c. DATE	SIGNED
		1	201	126	-	ATTENDING PHYSICIAN V	MEDICAL STA	FF CIAN []		
	274 PHYSICIAN'S	AME ITHE OF	INT)	1		T22 ADDRESS	J DIRECTOR A PITTO	CIAIT		
	_								2	
				-						
	BURION, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		Feb. 2	7,1985 B	rkle	y Mem. Cemeter				
24. FL	JNERAL DIRECTOR			ADDRESS	3.4	25a DAT	ERECTO. BY REGISTRAL	25b. REGIST	RAR'S SIGNAT	WRE Pandelle
Ta	rring Fune	eral H	ome, P.A	.,Aberdee	en, MD	,21001-3399	190	h	- 4-40 (4/36)	Mandors

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hai

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		c e jerenmin .		

equires that the death certificate be

ATTENDING PHYSICIAN: The law

retained by the hospital or

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completely filled in by the land 2 should be filed with

	- STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE PEG. N	0.		
	ECEASED NAME FIRST	130	MIDDLE	LAST	20 DATE OF DEATH	MONTH D	PAY YEAR	2b. HOUR
	Helen	Louise	Keithlev		February	13	1985	11:30
3. SE		4 RACE	S D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNGER I YEAR	# UNDER 24 HRS
	Female	Whit		ept. 10. 1907	7 77	YRS	AONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	ARRIED ANEVER MARRIED	BALTIMORE CITY C		OF DEATH	
10 C	Elkton			DOWED DIVORCED DIVORC	120 USUAL OCCUPAT	ION OF WORKING LIFE	121 KIND O	F BUSINESS OR kler F
130	AL RESIDENCE (IF NURSING HOME STATE 136 COI Ce		GIVE RESIDENCE BEFORE ADMIS 136. CITY OR TOWN North Eas	St YES NO XX		Elk :	Neck R	1901
4 F.	John R. Ke	ithley	LAST	IS MOTHER'S MAIDEN N	lary Doughe		LAS	1
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? SIVE WAR OR DATES)	219-16-9		Ceithley No		~	Neck F Md.219
	I I I I I I I I I I I I I I I I I I I	ATE CALIER IN	18051				48	Lours
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	SEPSIS RAS A CONSEQUENCE ACUTE M RAS A CONSEQUENCE	yelocytic I	eukemia		48 7h	hours
IFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO	RAS A CONSEQUENCE ACUTE M RAS A CONSEQUENCE DOTRIBUTING TO DEATH	yelocytic I	MIN AL DISEASE OR CON	206. IF YES	, WERE FINDIF	NGS USED OF DEATH?
AL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, O 1b) DUE TO, O (c) T CONDITIONS CONDITION	R AS A CONSEQUENCE R AS A CONSEQUENCE DITRIBUTING TO DEATH IT KNN FOR WHICH OPER OF INJURY M. MONTH DAY 1	OF BUT NOT RELATED TO THE TER RATION WAS PERFORMED YEAR 216 HOW INJURY OCCU	MIN AL DISEASE OR CON	206. IF YES IN CERTIF YES	, WERE FINDIFYING CAUSES	ronth
_	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, O bb DUE TO, O Cc DUE TO, O	R AS A CONSEQUENCE R AS A CONSEQUENCE ONTRIBUTING TO DEATH IT KON FOR WHICH OPER OF INJURY M. MONTH DAY M.	OF H BUT NOT RELATED TO THE TER RATION WAS PERFORMED YEAR 19 216 HOW INJURY OCCU	Z00 AUTOPSY? YES NO X	20b. IF YES IN CERTIF YES	, WERE FINDIFYING CAUSES	NGS USED OF DEATH?
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23c NAME OF CEMETERY OR CREMATORY

East Meth.

23d LOCATION CITY OR TOWN North

COUNTY

Cecil

East.

MEEB 1 5 1985 PREGISTRAR 25h REGISTRAR'S CIGNATURE

STATE

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL

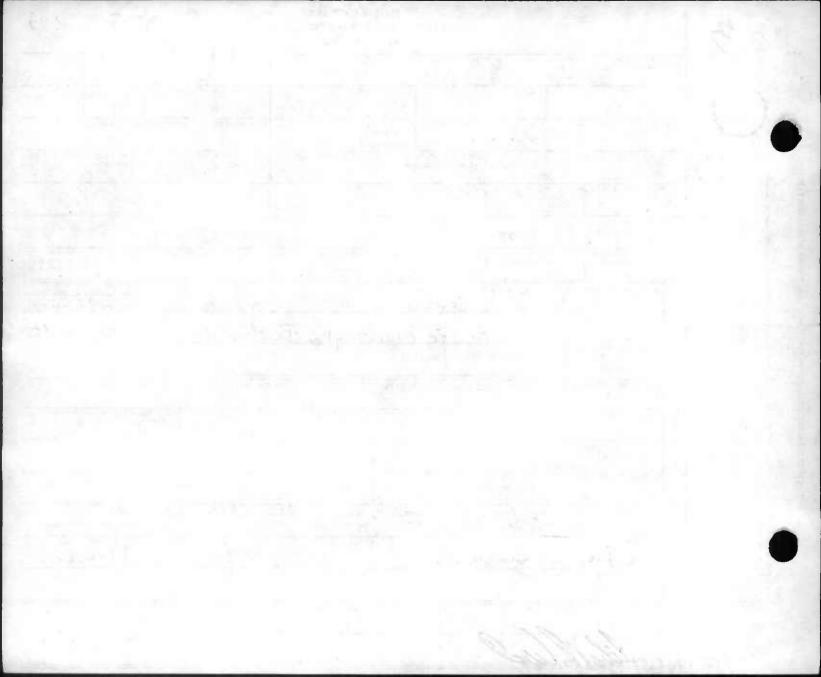
23b. DATE

-16-85

ra Tomesworth East,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the



	FOR STATE REGISTRAR		NT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5	0 5	1	3 0
	1. DECEASED NAME FIRST AND A	MIDDLE M.	K	eller	2-8-85			5 P M
	3. SEX female 4. R	Cauc.	DATE O		6. AGE (IN YEARS LAST BIRTH	YRS.		UNDER 24 HRS
9	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10 0		MARRIED		9. BALTIMORE CITY OR	COUNTY OF DI	EATH	MD.
1	10. CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD Laurel Wood No	DRESS)	rother institution	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	USINESS OR
0	USUAL RESIDENCE IN NURSING HOME OF OTH 130. STATE	ISC. CITY OF TOWN	ELI)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	21	1911	/
	14. FATHER'S NAME FIRST MIDE Stewart	PIECCE.		15. MOTHER'S MAIDEN NAM	MIDDLE		10//	9
7	160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA			17. INFORMANT Bernard Ke	ADDRES	selveder.	e Rd P	Hazinot Let Depoit
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B' IMMEDIATE C Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Y: (AUSE (0) Preum DUE TO, OR AS A CONSEQUENT	CEOF	olensul	pa Accide	in hour	G GOVE	TE INTERVAL ET AND DEATH
1	PART 2. OTHER SIGNIFICANT CON 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
1	CO CONTRIBUTING CALLES OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR				
	OR CONTROLLING TO THE PROPERTY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK NORWHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	M, ETC.)	211. LOCATION STREET	CITY OR TOW	vN CC	YINUC	STATE
	220.1 certify that (II (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) vi 22b. SIGNATURE	Februar 8 19 83	, on	d that in (my) (our) opinion o	C- 2. 0 / / -	te and haur and		
1	224. PHYSICIAN'S NAME (TYPE OR PR	in Horsen		ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAF	. 91	9FU	885

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORIANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL ADDRESS IS HOAITD

23b. DATE

236. NAME OF CEMETERY OR CREMATORY
BROOM UIEW

23d. LOCATION
CITY OR TOWN
TO 15/14

CERTIFICATION

	211	TE OI	ma	KTL	UNA	
EPARTM	ENT OF	HEAL	TH /	AND	MENTAL	HYGIE

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG							JS		J	
. DECEASED NAME	FIRST	N	NIDDLE		LAST		26. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUF	
TYPE OR PRINT)	WILLIA	M	G.		KNABE		February	5, 19	85		7:	45 man
SEX		4. RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS L	AST BIRTHDAY)		RIYEAR	IF UNDER 2	
MALE		WHITE		JUN		931 _	53	YRS	MON1H5	DAYS	HOURS	MIN.
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	8.			9. BALTIMORE C	ITY OR COUN	TY OF DE	ATH		
MD.		U.S.	Α.	WIDOW		R MARRIED DIVORCED X	Ceci	1 Cour	nty			MD.
O. CITY OR TOWN OF E	DEATH		OSPITAL, NURSIN		OR OTHER IN	ISTITUTION	12a USUAL OCC			KIND OF	BUSINE	SOR
Perry Point	Md.		lical Cen					LOYED	(WE) IIND	OSIKI		
USUAL RÉSIDENCE (IFN 130. STATE MD.	URSING HOME OF		GIVE RESIDENCE BEFORE 13(. CITY OR TOW BALTIM	N	13d. INSIDE YES 🛣	CITY LIMITS?	13e STREET ADDI	RESS / ZIP CO	top	Ave	. 21	206
4 FATHER'S NAME FIRST UN	KNOWN	MIDDLE	LAST		15 MOTHE	r's maiden na/		DDIE		LAST		
6g WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORA			ADDRESS	ura -			
Yes no or unknown)		ean	212-28-2	089	ANNE	COTTON	E (DGHT	R) SAI	ME A	DDR	ESS	
18 CAUSE OF DE PART I. DEATH	I WAS CAUSE	D BY: TE CAUSE (0)	Carcinoma Carcinoma R AS A CONSEQUE	a_of_	left l	ung w/e>	ctensive	metasta		APPROXIVE ETWEEN O	MATE INTER INSET AND I	AL DE ATH
gove rise to couse (a), str underlying ca	immediate ofing the use last.	(c)	R AS A CONSEQUE				Blad Distract OR	CONTRACTOR		DART I		

Pulmonary emphysema Bronchopneumonia

190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20a AUI	ES OF DEATH?		
1				YES X	МО□	YES 🗌	№ □
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED) (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
VIE EITHER MOTIES MEDIC AL EVAMINER	P AA	19					

220.1 certify that (X (this hospital) attended the deceased from

211. LOCATION

ľ	22b. SIGNATURE			DEGREE		22c. DATE SIGNED
		13/ Cus	H. Hue hour	971)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2-6-85

GARRISON FOREST

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS VA Medical Center, Perry Point, Md.

K. H. HUEBNER, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY MD . STATE BALTIMORE

BURIAL 74 FUNERALDIR 3331 Brehms Lane Balto. 21213
Schimunek Funeral Home, Baltimore, Md.

2/7/85

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

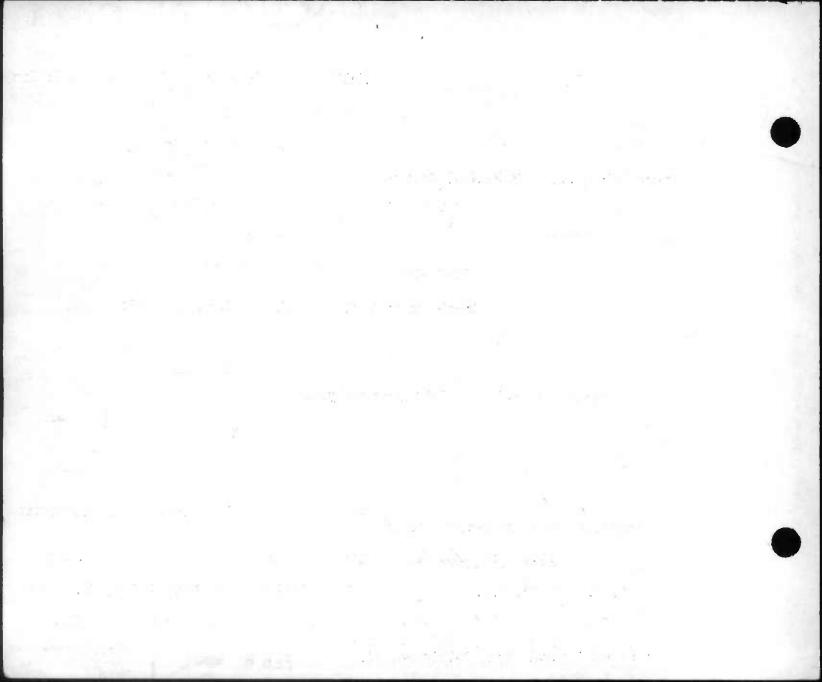
(VRA 15, 4)

21d. INJURY OCCURRED

COUNTY

STATE

DHMH - 16 50M 4/B3



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINTS Daniel H. Kohlenburg February 18, 1985 5:05PM IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) . SEX Feb. 1,1904 YEAR Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE I STATE OR FOREIGN MARRIED KNEVER MARRIED Maryland IISA Cecil DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 12a USUAL OCCUPATION IB. CITY OR TOWN OF DEATH Pentagon (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Security Guard Perry Point Veteran's Hospital NURSING BOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1134 INSIDE CITY LIMITS? 2609 S. Four Mile Run Drive †virginia Arlington 13c CITY OR TOWN YES [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Henry MIDDLE Kohlenburg Alice Hyatt ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 579 48 1910 VAMC, Perry Point, Maryland Yes WW II APPROXIMATE INTERVAL IETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Cardiac arrest IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Congestive heart failure Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Arteriosclerotic heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 706 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOX NO I buriol-transit p Mental Hygien 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 71a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P AA 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 6 CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 2-18-85 220.1 certify that *** this hospital) attended the deceased from _ _19__85__, and that inXXX(our) opinion death occurred on the date and hour and from the couses stated sow the deleosed olive on obove, xiswe) (did) with now view the body ofter death 22c. DATE SIGNED DEGREE 226 SIGNATURE ATTENDING MEDICAL 2-18-85 PHYSICIAN DIRECTOR PHYSICIAN Should be detroited with the State 22e. ADDRESS

DHMH - 16 50M 4/B3

(VRA 15. 4)

24 FUNERAL DIRECTOR 284 Wilson Blvd Arlington, VA 22201 Ives Funeral Home

eb. 21,1985

GLENDON RAYSON,

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Arlington, Virginia

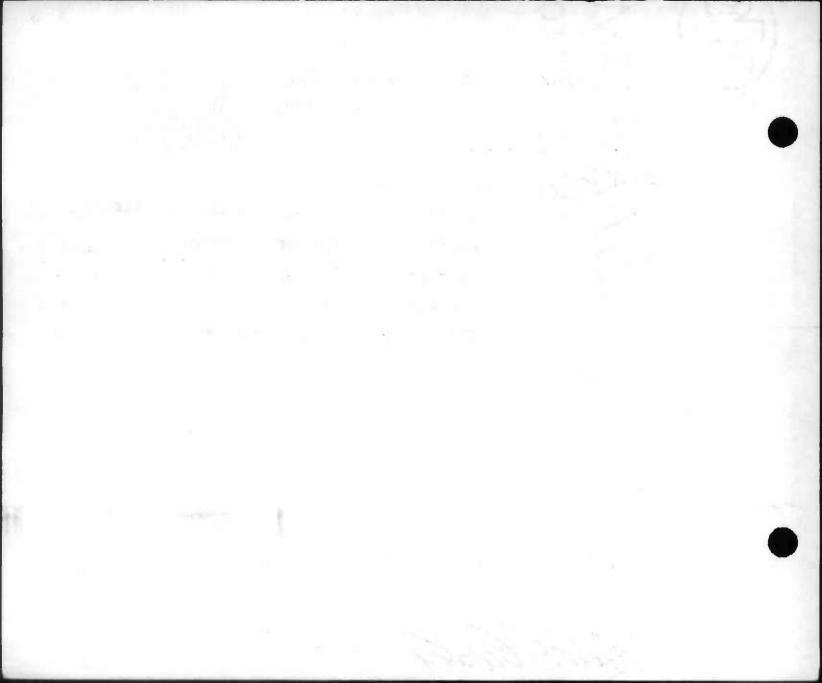
CITY OF TOWN

VAMC, Perry Point, Maryland

23c. NAME OF CEMETERY OR CREMATORY Columbia Gardens



20	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	05133
E # 50	TYPE	CEASED NAME OR PRINT) MA	bel B.	LAMPHAR	2a DATE OF DEATH MON	3/5/85 640 A
	3. SEX	emale	White	Sept. 43 1905	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
M	(RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED MODEL DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
filed with		EXTON	(16 NOT IN SUCH FACILITY, GIVE STREET, Union Hos	pital	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO HOUSEWIFE	DRKING LIFE 12% KIND OF BUSINESS OR INDUSTRY HOME
should be must be	13a. S	Md. Ce	or other institution give residence before inty 13c. City or tow cil North E	N 134 INSIDE CITY LIMITS? Cast YES □ NOCEX	13e STREET ADDRESS / ZII 17 Colonia	
ond 2			seph Landgraf		tha Wagner	tAST
Poges P. Poges			RMED FORCES? NE WAR OR DATES] 166 SOCIAL SECU 385-09-		APRED Lanphar Nor	th East, Md.2190
physicio onpopera emoval. event, the		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and ED BY ATE CAUSE (a) Cardia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUELES
by the attending ose remave carb I, cremation, or r other traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) AVECTOS DUE TO, OR AS A CONSEQUE	scleretic feart	disease	Syears
Then ple Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT Hypertureron	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IB IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN			RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
rhad or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC.) 211 LOCATION STREET	HY OR TOWN	COUNTY
of Healt 27 is mo		saw the deceased alive a	ontal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	4 (3 19 80 8 J., and that in (my) (our) apinion	death accurred on the date of	and hour and from the causes stated
detuches one Dept		Except & Soll	2 ui		MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 2/5/F-5
APDRIAN		Edgar E. Fol	CR PRINT)	Unian Itospa	itd, Elktm. V	MD, 2(92)
715	23a E	URIAL, CREMATION, REMOVA SPECIFY) BUTIAL		NAME OF CEMETERY OR CREMATORY Lete Chapel Mem		COUNTY STATE
5 50M 4/83 15, 4)	74. FI	THE BUTTER TURN	al Home North	East, Md. 250 PA	TE REC'D. BY REGISTRAR 256,	REGISTRAR'S SIGNATURE



director, page 3

1.	FOR STATE			DEPART	MENT OF H	E OF MARYLA LEALTH AND A LICATE OF D	MENTAL HYG	IENE 8	5	0	5	3 4
	REGISTRAR						LAIII		REG. N			
	CEASED NAME	FIRST	^	WIDDLE		LAST		2a DATE OF DI	HIA	MONTH DAY	YEAR	26 HOUR
		LUZO	NI.	B	L	OWE		Februar	v_1	5, 1985		8:45am
3. SE	х		4 RACE		S. DATE O			6 AGE (IN YEAR			HS DAYS	IF UNDER 24 HRS
1	Female	1	Whit	e	8 8	4	1910	74		YRS	H3 DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8			9 BALTIMORE	CITY	R COUNTY OF	DEATH	
	Lowa.					D NEVERA	VORCED	Cecil County			MD	
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI				12a USUAL OC			26. KIND O	F BUSINESS OR
Pe	rry Point,	Md.	VA™M	edical Ce	enter			Stenog			Army	Hosp.
13a.	al residence (# nur state aryland	136. COUN		13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE C	ITY LIMITS?	P.O. BO	ORESS 7	ZIP CODE 28 Glen	Burn	ie,Md.
0	FATHER'S NAME FIRST MIDDLE LAST			£AST .		15 MOTHER'S		NDDLE		LAST		
160	WAS DECEASED EVER	N U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO.			17 INFORMANT			ADDR	DDRESS		061
1	YES, NO OR UNKNOWN)	11 YES GIVE WAS OR DATES) 486-07-3238			Mr. Jo	Mr. John Blondel P.O. Box 728				Ten 1	Rurnie	
	Conditions, if ony gove rise to im cause (o), stati underlying caus	mediote ng the e last	DUE TO, OI	R AS A CONSEQU PULMONA R AS A CONSEQU	JENCE OF							
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ICATION	Right lobar pneumoni				COR WHICH OPERATION WAS PERFORMED			20a AUTOPS	Α.	20b. IF YES, W		
CERTIFIC										YES [NO 🗌
MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	G FI	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATUR	E OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	21d. INJURY OCCUR	INJURY OCCURRED 21e. PLACE C			OF INJURY 211 LOCATION STREET STREET			C	ITY OR TO)WN	COUNTY	STATE
	270.1 certify that X (this hospital) attended the deceased from February 11 19 85 to February 15 19 85 , sow the victorial time of the same of the sam										couses stated	
	276. SIGNATURE				DEGREE ATTENDING			MEDICAL STAFF DIRECTOR □ PHYSICIAN			27c DATE :	15-85
1	22d. PHYSICIAN'S N	IAME (TYPE O		brus		22e ADDRES	S					
1	К. Н. Н	. HUEBNER, M.D.				VA Medical Center, Perry Point, Md.						

23c NAME OF CEMETERY OR CREMATORY

Maryland Veterans

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, at other traumatic event,

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Milchell-Wiedefeld Funeral Home, Baltimore, Md. 21212

236 DATE

2/19/85

REGISTRAR 256, REGISTRAR'S SIGNATURE

23d LOCATION
Garrison Forest, Balto. Co., Md

1.1 erl sai

poge 3 rs after death

ge 4 may be

FOR

STATE
REGISTRAR

STATE OF MADVIAND D

STATE OF MARILAND	1.3	Perk	1
EPARTMENT OF HEALTH AND MENTAL HYGIENE	O		O
CERTIFICATE OF DEATH		REG. NO.	
		REG. NO.	

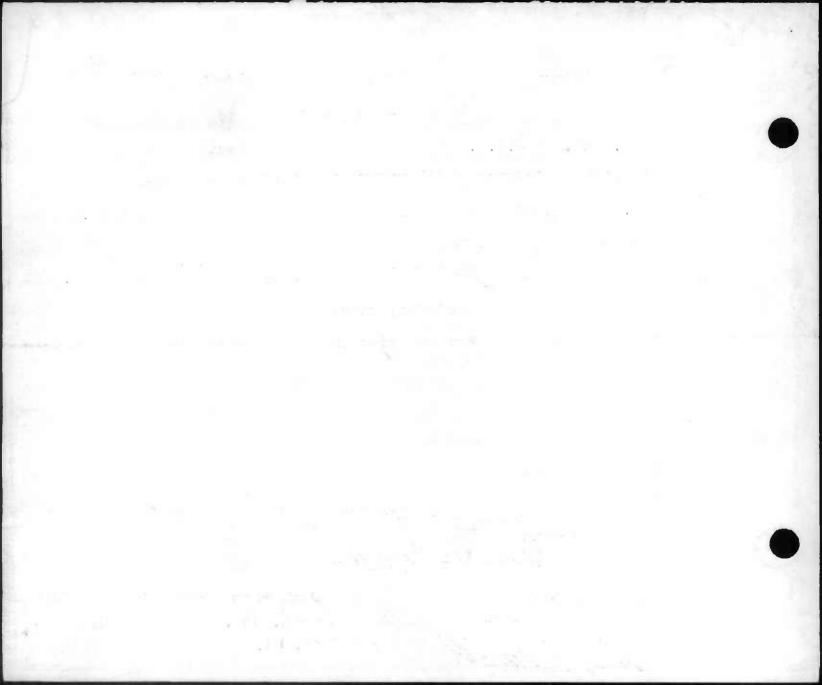
3

REGISTRAR			REG. NO.							
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
(TYPE OR PRINT) Walte	r	Martin	February 7, 19	8:50P M						
SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS						
Male	White	June 16, 1926	58 YR							
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUR							
Wilm. Del.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		ME						
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR						
erry Point	Veterans Admini	stration Medical	Ctr Self-employ							
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	· DOTT OMPTO							
Md. 136 CO	ecil Perry		? 13e.STREET ADDRESS / ZIP CO							
FATHER'S NAME	14011,	15 MOTHER'S MAIDEN	NAME	*						
$J_{ohn}^{\text{\tiny FIRST}}$	Martin	Gertr	MIDDLE DO TO THE	IAST						
WAS DECEASED EVER IN U.S. /			ude Berry PADARESS Bo							
YES NO OR UNKNOWN) I IF YES	N II 222-14-	James A.	MArtin Charles							
		Touris H.	MARGIN GNAFIES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAU				BETWEEN ONSET AND GEATH						
IMMEDI	IMMEDIATE CAUSE (0) Respiratory Arrest									
	DUE TO, OR AS A CONSEQUENCE OF									
gove rise to immediate										
cause (a), stating the underlying cause last.										
DARLO OTHER CICARECTAL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGHT									
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART III						
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED						
			YES NO W	RTIFYING CAUSES OF DEATH?						
710 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM							
	DEATH	DAY YEAR								
(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e. PLACE OF INJURY	211 LOCATION								
	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE						
AT WORK AT WORK	spital) attended the deceased from	December 4 19	84 to February	7. 19.85 that (I) (%) las						
saw the deceased alive	February 7	Or	ian death occurred an the date and	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
abave, (I) (w) (did) (shot) 22b. SIGNATURE	netry w the bady after death.	A DEGREE		22E DATE SIGNED						
TIL SIGNATURE	Man Xas	A A A A ATTENDING	G MEDICAL STAFF							
224 PHYSICIAN'S NAME (TYP	E OR PRINTI	22e ADDRESS	DIRECTOR PHYSICIAN							
PREM LAL, M.	The state of the s		Center. Perry Po	oint. MD 21902						
BURIAL, CREMATION, REMOVA		Name of CEMETERY OR CREMATO North East Meth		Rad WNIVCecil State						
Burial				M						
FUNERAL DIRECTOR POU	h Pineral Hom	e North East, 250	ME REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE						
What Y.	Male		- FR 1 1 1900 D	M.A						

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherwing physician and a should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked or Ifem 18 strows any injury, or other traumatic event, the



Uter this certificate has been signed by the attending physician and as the huvidi-transit person. Then please remove carbonoopers. Page thend Mental Pygene print to burial, cremation, or removal.

O FUNERAL DIRECTOR: Africally be detached for use as iff the Stote Dept. of Health

DHMH - 16 50M 4/83

(VRA 15, 4)

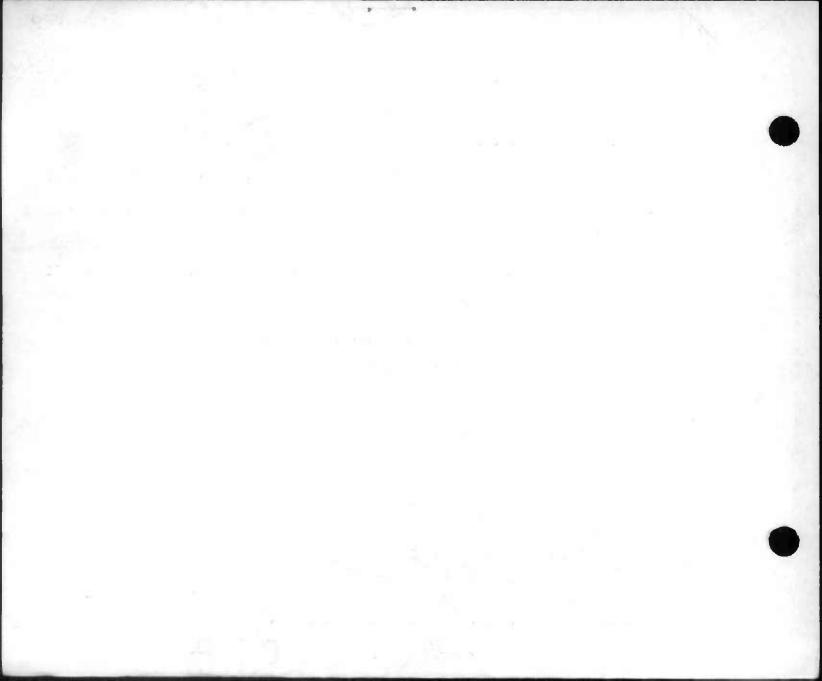
any injury, ar other troumatic event, the

may be

DEP

STATE OF MARYLAND	52	A	0	5 THE	-1	- 2	6
ARTMENT OF HEALTH AND MENTAL HYGIENE	U	3	O	2	2	U	U
CERTIFICATE OF DEATH		REG NO					

1-	FOR STATE REGISTRAR			DEPARTA	CERTIFI	CATE OF DEATH	RE	G. NO.			
	CEASED NAME	FIRST	MI	DDLE	IA	ST	20. DATE OF DEA	TH MONT	H DAY	YEAR	2b. HOUR
1,112		arold	P.	Mat	ters	Sr.	Februar	y 16,	1985		12:25
3 SEX	X	4	RACE		5. DATE O		& AGE (IN YEARS L			R T VEAR	IF UNDER 24 I
	Male		White		10	ීරි 18්9්7	87		YRS		HOURS N
7a BI	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE C	ITY OR CO	UNTY OF DE	ATH	
	w York		U.S.A.		WIDOWE	DIVORCED	Cecil				
Pe	rry Point		Veteran	FACILITY, GIVE STREET	ADDRESS	rother Institution ion Medical (Charles Ret	Off:			BUSINESS itary
Ma	al residence (# Nurs State ryland	13b COUNTY		Gambril	N.	136. INSIDE CITY LIMITS?	13e STREET ADDR 2546 L	ess/zip avall	CODE	210	54
14. FA	THER'S NAME	MID	DIE	LAST		15 MOTHER'S MAIDEN NA	AME	DIE		LAST	
	Frank			Matters	·	Clara				John:	son
16a.V	VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU	RITY NO.	17. INFORMANT	A	DDRESS			
	YES NO OR UNKNOWN) YES	W.W		577-14-1	265	Harold P. Ma	atters, J	r. (So	on) Sa	ame a	as 13
ION	Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the lost.	(b) DUE TO, OR (c)	as a conseque Chronic	clerot ENCE OF consti	ic cardiovas	MINAL DISEASE OR	CONDITIO			
TIFICATION	gove rise to imm couse (a), statin underlying couse	nediate og the last.	DUE TO, OR (c) NDITIONS CO	Arterios AS A CONSEOUE Chronic O NTRIBUTING TO D	clerot ENCE OF CONSti	pation		CONDITIO	IF YES, WERE CERTIFYING (YES)	FINDIN	GS USED
CAL CERTIFICATION	gove rise to imm couse (0), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	nediate g the lost. NIFICANT COL TION DERLYING	DUE TO, OR (c) NDITIONS COI 196 CONDIT 216 TIME OF HOUR A.M. P.M.	Arteriose As a conseque Chronic Otributing to D ION FOR WHICH INJURY MONTH DA	Clerot ENCE OF CONSTI DEATH BUT OPERATION	DATION NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUR	MINAL DISEASE OR 200. AUTOPSY YES	CONDITIO	IF YES, WERE CERTIFYING (YES []	FINDIN CAUSES (GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse (a), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER, NOTHY MEDI 21d. IN JURY OCCUR! WHILE NOT WHAT WORK AT WORK	INFICANT COL	DUE TO, OR (c) 19b CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STRE	Arteriose AS A CONSEQUE Chronic INTRIBUTING TO D INTRIBUT	Clerot CONSTI CONSTI CONSTI OPERATION AY YEAR 19 ARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET	200 AUTOPSY YES NO	CONDITIO	IF YES, WERE CERTIFYING (YES	FINDIN CAUSES (GS USED OF DEATH?
	gove rise to imm couse (a), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTHY MED) 21d. INJURY OCCUR! WHILE NOT WHAT WORK AT WO 22a. I certify that \$\frac{1}{2}\$ sow the decess above, (ii) (neget)	INFICANT COL	DUE TO, OR (c) NDITIONS COI 196 CONDIT 216. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STRE	Arteriose AS A CONSEQUE Chronic OTRIBUTING TO D ION FOR WHICH INJURY MONTH DA OF INJURY ET, FACTORY, OFFICE, F deceosed from 1	Clerot ENCE OF CONSTI DEATH BUT II OPERATION AY YEAR 19 ARM, EIC) Januar 85, one	NOT RELATED TO THE TER/ N WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET 22 4 19 85	VINAL DISEASE OR 200 AUTOPSY YES NO RRED (ENTER NATURE C	CONDITIO	IF YES, WERE CERTIFYING (YES	PART 2)	GS USED DF DEATH? NO STATE
	gove rise to imm couse (a), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTEY MEDI AT WORK NOTEY MEDI 22a. I certify that Was on the decease above, (II) (specific 22b. SIGNATURE) CIL ENDON" R 22d. PHYSICIAN'S N.	NIFICANT COL TION DERLYING CAUSE OF DEATH CAI EXAMINER] RED Withis hospital ed ghive on Edidy and the services of the serv	DUE TO, OR (c) NDITIONS COI 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STRE) offended the Februar view the body of	Arteriose AS A CONSEQUE Chronic OTRIBUTING TO D ION FOR WHICH INJURY MONTH DA OF INJURY ET, FACTORY, OFFICE, F deceosed from 1	Clerot ENCE OF CONSTI DEATH BUT II OPERATION AY YEAR 19 ARM, EIC) Januar 85, one	DATION NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 228 ADDRESS	280 AUTOPSY YES NO RRED (ENTER NATURE OF THE DECEMBER OF THE D	20b. IN CONDITION 20b. IN CONTOWN TORTOWN STAFF HYSICIAN	IF YES, WERE CERTIFYING (YES	PART 2) UNITY S	GS USED DF DEATH? NO STATE
WEDICAL	gove rise to imm couse (0), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI AT WOOD 27a. I certify that W sow the decess above, (I) (week 27b. SIGN ATURE GLENDON R	DERLYING CAUSE OF DEATH CAI EXAMINER] RED Withis hospital Ed alive on Eddid Harmon AVSON AME (TYPE OR PI	DUE TO, OR (c) NDITIONS COI 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STRE) offended the Februar view the body of	Arteriose AS A CONSEQUE Chronic Chronic INTRIBUTING TO I ION FOR WHICH INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, F deceosed from y 16 19 Ther depth.	Clerot CONSTI CONSTI CONSTI CONSTI COPERATION AY YEAR 19 ARM. EIC) Januar 85 , one	DATION NOT RELATED TO THE TER/ NWAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET 24 19 85 d that in (my) MON opinion DEGREE ATTENDING PHYSICIAN	280 AUTOPSY YES NO RED (ENTERNATURE C J. to Febru deoth occurred an MEDICAL XDIRECTOR P	CONDITIO 20b. IN CONTOWN TORTOWN STAFF HYSICIAN (erry N	IF YES, WERE CERTIFYING (YES	PART 2) UNITY B.5	GS USED DF DEATH? NO STAIL STAIL bot (I) (K&) ouses stated



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TO HOSPITAL OR ATTENDING PHYSKCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked at them 8 shows any injury, an other traumatic event, the medical examiner man be not the defined.

DEP

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	8	5	0	5	1	3
CERTIFICATE OF DEATH		REG. NO.				

FOR STATE REGISTRAR			DEP		HEALTH AND MENTAL HYG	SIENE B S	vo.) 5 !	5 /
I. DECEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	THOMAS		N.	Mc	INTIRE	FEBRUARY	15,	1985	p. M
SEX Male		4. RACE White		5. DATE O		6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
e. BIRTHPLACE STATE O		7b. CITIZEN OF			H 22, 1090	9. BALTIMORE CITY	YRS.	TV OF DEATH	
country) Delaware	R FOREIGN		USA	MARRIE	D NEVER MARRIED DIVORCED	Cecil	OK COON	IT OF BEATH	MD
Elkton	EATH	(IF NOT IN SU	HOSPITAL, NU CHFACILITY, GIVES North S	TREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION 126. KIND OF BU			of BUSINESS OR
USUAL RESIDENCE (IF NU 130. STATE Maryland	13b. COU	NTY	13c. CITY OR Elkt	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 517 North	th St	reet	21921
1 FATHER'S NAME FIRST Thomas		MIDDLE	LAST Mc I	Intire	15. MOTHER'S MAIDEN NA. FIRST May	ME		Bould	len
60 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIALS 212-01	SECURITY NO. 1-2148	17. INFORMANT Mrs. Emma H.	McIntire,		on, Md.	21921
PART 2. OTHER SIG	SNIFICANT	conditions conditions	cardi	TO DEATH BUT	NOT RELATED TO THE TERM Ilar renal IN WAS PERFORMED	AINAL DISEASE OR COI	20b. IF Y	th ure es, were findi tifying causes	mia NGS USED
	CAUSE OF DE	ATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR				NO []
21d. INJURY OCCU		21e. PLACE	OF INJURY	FICE, FARM, ETC 1	211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
22a certify that (saw the dece abave, (I) (we)	ased alive a	greet B	13	0.5	5 , 19.84 nd that in (my) (++++) apinian	to FED .	18 date and h		that (I) (
274 SIGNATURE	2/2	de rendi	w.	W.	M.D. ATTENDING PHYSICIAN 8	MEDICAL STA	AFF ICIAN 🗌	27c. DATE 2/18	SIGNED
S/ Ralp	h An	drews.			233 E. Ma	in St.,	Ell	cton,	
Burial, CREMATION (SPECIFY) Burial	N, REMOVA	236. DATE 2-19-			EMETERY OR CREMATORY WM Memorial F				
HICKS HOVE	400	FUNERALS	ADDR ELKT	ON. MD.		E REC'D BY REGISTRA	256. REG1	STRARSSIGNA	10 Handell

21921

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	TORIL OF DEAT		REG. NO.		
	ECEASED NAME FIRST	MIDDLE	L	AST		28. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(17	PE OR PRINT) HAROLI)	MO	SS		FEBRUARY 9, 1	985	4:08A M
3.5	EX	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	М	В	5 5		24	60 YR	S	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARR	ED 🗆	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
1	N.J	USA	WIDOW			Cecil	1	MC
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME (ON	12a USUAL OCCUPATION		OF BUSINESS OR
1	erry Point	WA MEDICAL	CENTER PE	RRY POINT	, MD	Retired	G LIFE) INDUSTRY Mili	tary
	JAL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)	1 13d. INSIDE CITY LI	MITS?	13e.STREET ADDRESS / ZIP CO	DDE	
	Md. Hari		rdeen	YES NO		105 Plaza Ct.		
yl i	ATHER'S NAME			15. MOTHER'S MAI	DEN NAM	AE		
1		MODLE	LAST	FIRST	_	WIDDLE		AST
160	Raymond WAS DECEASED EVER IN U.S. AR	MOS	S CIAL SECURITY NO.	Sara 17 INFORMANT	1	ADDRESS	Davi	
100		WAR OR DATEST				La	kewood,	
	Yes 1941-	1966 147	16 8226	Sharon Wa	lter	s 487 Cedarbri	ige K Av	e
	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (APPROX	NIMATE INTERVAL
	PART I. DEATH WAS CAUSE	DBY: CANO	CER OF LUN	IG.				
1	IMMEDIAT	E CAUSE (a) CAIN	JER OF HOL				-	
		DUE TO, OR AS A C	ONSEQUENCE OF					
	Conditions, if any, which	(b) MAT/	ASTASIS TO	THE BRAI	N		_	
	gave rise to immediate	(0)						
	cause (a), stating the underlying couse last.	DUE TO, OR AS A C	ONSEQUENCE OF					
	indertying coose idsi.	(c)						
	PART 2 OTHER SIGNIFICANT O	onditions <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART 1	Io
CERTIFICATION								
₹ F	19a DATE OF OPERATION	196 CONDITION FC	R WHICH OPERATIO	N WAS PERFORMED	5		YES, WERE FIND	
윤							RTIFYING CAUSE	
E		3 AU THE OF BUILD	,	11. HOW MINIST	OCCUPR	YES NO	YES [ио 🗌
	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A MA MAG	NTH DAY YEAR	ZIE HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
Ĭ₹	(IF EITHER NOTIFY MEDICAL EXAMINER	1177	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUI	RY	211 LOCATION				
ME	WHILE NOT WHILE	(AT HOME STREET, FACTO	ORY, OFFICE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK				-05-	THE PART OF THE PA	85	
	228.1 certify that (X)(this hospi	al) attended the deceos	sed from JANUAL	XY 15	, 85	FEBRUARY 9	1905	, that (I) (we) las
	saw the deceased alive on	FEBRUARI 9	190		opinion d	death occurred on the date and	hour and from the	e couses stated
	abave, (I) (we) (did) (did na 22b. SIGNATURE	view the bagly after dec		DEGREE			22c DAT	E SIGNED
	THE STATIONE	1. Jugar	· mal	1	IDING 1	MEDICAL STAFF	10	10/05
	/light a	ale ge	7 1110	PHYS	ICIAN E	DIRECTOR PHYSICIAN	1/	7/00
1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	EUGENE A. JA	EGER		VA MEDIO	CAL C	ENTER PERRY PO	INT, MD	
_		-	100					
23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE		CEMETERY OR CREM		23d. LOCATION CITY OR TOWN	COUNTY	STATE
1	Burial	2/15/85	Arling	ton Natior	lal	Arlington		Va.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
ARNOLD & BEARD HAVRE DE GRACE, MD

2/15/85

Arlington Arlington National 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENI
CI	RT	IFIC	ATE	OF	DEATH	

- STATE REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME FIRST MONTH 2h HOUR LITTE OR PRINTS ALFRED MUSSER. SR. E. FEBRUARY 25. 1985 a. M 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH Male May 21, 1914 White 70 YRS To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY Mary land Cecil USA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR Union Hospital TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY E1kton Laborer - Martinuks Egg Farm JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Mary land Cec il Elk Mills YES X NO [16 Frame Row 21920 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Jacob н. Ella Musser Rockey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and ic). 188: CAUSE (o) Author my orand Tarfacti		APPROXIMATE INTERVA BETWEEN ONSET AND DE
Conditions, if ony, which gove rise to immediate cause to stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Cardioc Anythia due DUE TO, OR AS A CONSEQUENCE OF (c) COPD Supply Seure	e to see	UV
	onditions <u>contributing to death</u> but not related to the te		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO 🐼	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCC	JRRED (ENTERNATURE OF INJE	

196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	YES NO NO	IN CERTIFYING CAUSE		
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	YN COUNTY	STATE
22a.1 certify the (1) this hospital)	ottended the deceased from	15 19 80	2 10 2 2	. 19_8	tho (we) los

saw the deceosed alive on obove (I) we) (did) (did not rew the body ofter death _ and that in (my) our) opinion death occurred on the date and have and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DEGREE

STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2-26-85 22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

CO Chir	1 17200	223 West	Meun 3	الما الما الما الما	5102
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Buria1	2-27-85	Newark Cemetery		Delaware 19	

24 FUNERALDIREC FUNERALS, ELKTON, MD. 21921 (VRA 15, 4)

Newark. Delaware 19711 25a. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGN MAR

DHMH - 16 60M 7/84

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e 4 moy be	an a rector, page 3	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Fage 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical and an administration of the filter at a ector, page 3 should be detached for use as the buriol-trainst permit. Then please remove carbonappen, Proporting of the filter with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	IMPORTANT: If Hem 21 is morked or Hep 18 s (Evrany injury, or other troumotic event, in emedical evantues made
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DEP

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	5	0	5	į	6	1
CERTIFICATE OF DEATH		REG. NO.					
116	ATE OF	DEATH.	0.1711	14 64	5 4 0		-

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE O O	0.	2	4 0
	DECEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
ľ	(TYPE OR PRINT) BENNY		DEBB.	ICONE		FEBRUARY 10	, 1985		2:10P
3	SEX	4 RACE	1 to 1111	5. DATE C		6. AGE IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
ľ				MONTH	DAY YEAR			NIHS DAYS	HOURS MIN.
1	Male	White		Marc	n 4, 1894	90	YRS.		
X	BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
L	New Jork		5. A.	WIDOWE			ecil Co	ounty	MD.
\$	PERRY POINT, MD	IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A ICAL CENT	ODRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Supply C1	OF WORKING LIFE)	126. KIND O INDUSTRY Govers	r BUSINESS OR
	SUAL RESIDENCE (IF NURSING HOMEON 30 STATE 136 COUNTY Maryland Car:	OTHER INSTITUTION NTY roll	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Hampstes	٧.	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2730 Old F	/ ZIP CODE ort Sch		21074 use Rd.
V	FATHER'S NAME FIRST FOSEDh	MIDDLE	Perric	one	15. MOTHER'S MAIDEN NA/ FIRST ROSE	WE		Palo	OZZO
Ti	L MAS DECEASED EVED IN LLS AD		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	273000	Pd Fort		olhouse R
¥	(IFYES, GO W.	WAR OR DATES)	117-10-7	004	Donald Perric		tead, M		
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	RTERIOSCL OR AS A CONSEQUE CHRONIC O OR AS A CONSEQUE	EROTI NCE OF BSTRL		SE ARY DISEASE			MATE INTERVAL PASET AND DEATH
1	PART 2. OTHER SIGNIFICANT I			NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		11NAL DISEASE OR CON 200 AUTOPSY? YES NOVY	20b IF YES, V	WERE FINDIN	IGS USED
1	210. ACCIDENT WAS UNDERLYING	1100110 1		v ve.e	21c HOW INJURY OCCUR		1		
	On COLUMNIC CAUSE OF DE		.M. MONTH DA .M.	Y YEAR					
	OR COOMING THE CAUSE OF DE.	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
l	22a.1 certify that (1) (this hasp sow the deceased alive on above, (Mwe) (did) (48) no			AUGUS 85or	ST 9 , 19 84 and that in (Xry) (our) opinion (, toFEBRIIA death occurred on the d			that (K (we) lost causes stated
	226 SIGNATURE	M. GALSEL M. DEGREE ATTENDING			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF XX	271 DATE	SIGNED
1	EUGENE A. JA	GER, M.	D.		VA MEDICAL CE	ENTER, PERR	Y POINT	, MD.	
2	30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE Feb. //			emetery or Crematory on Forest Vet.	23d LOCATION CITY OF TOWN Owings M:	ills, B	altimo	ore, Md.
2	FUNERAL DIRECTOR ECKHAFTY FUNER	AL CHAP	EL. MÂNCHI	ESTER		e rec'd. By registrar	256. REGISTRA	AR'S SIGNAT	URE delle

DHMH - 16 50M 4/83 (VRA 15, 4)

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4G PHYSICIAN, The law requires that the death certificate be executed within 24 bount often death. Fage 4 may be otherding physician.	ther this certificate has been soned by the attending physician and completely [Jiled redy the futural director, page 3 should be lied within 72 hours after adapt to an Americal School and the following the adapt to a second the period committee and the second to an embed.
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- 5	ther this certificate has been signed by the attending physician and co to the burial-transit permit. Then please remove carbon pages. Pages in and Asserbal Husane pales to burial committees a removal.
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR				CERTIFIC	TORIL OI D		REG	. NO.			
ľ		E ASED NAME	FIRST		AIDDLE	L	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOL	JR
L	(1112)	OR FRINT)	Andrew	7	Т.	P	helps		February			5:40	
F	I. SEX		1	. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DAYS	HOURS	AIN.
4	-1	Male		Cauc.			st 17.		71	YRS			
1	u. BIR	ETHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTRY	/2 8	D NEVER M		9. BALTIMORE CIT	OR COUN	TY OF DEATH		
1		W. Va.		USA		WIDOWE		ORCED	Cecil	Coun	ty		MD.
4	. CIT	TY OR TOWN OF	DE ATH 1		HOSPITAL, NURS		R OTHER INSTI	IUTION	128 USUAL OCCUP		12b. KIND		ESS OR
7	Per	cry Poin	t 🔏	VA Med	ical Cen	ter			Disabl			nplo	yed
7	USUA Da Si	L RESIDENCE (#	NURSING HOMEORO		GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CIT	Y HANTS?	13e STREET ADDRES				
4		Md.	V_		Balto			NO []	715 E.	30th		212	18
å		THER'S NAME		IDDŁE	LAST		15. MOTHER'S	MAIDEN NAM	NE MIDDLE			AST	
1	ľ	7	helps	IDDLE	LASI			ry Un		;	.,	(31	
5	6a. W	AS DECEASED E	VER IN U.S. ARM		166 SOCIAL SEC	CURITY NO.	17. INFORMAN			DRESS			
1		ES, NO OR UNKNOWN		WAR OR DATES)	224 18	1049	Sally	Ann	Phelps,	same	addre	SS	
ì	=	18 CAUSE OF D			line for (a), (b), c	and (c).)						XIMATE INTE	RVAL D DEATH
ı	- 1	PART I. DEAT	H WAS CAUSED	BY: CAUSE (a)	Liver M		sis						
	- 1		IMMEDIATE		R AS A CONSEQ	HENCE OF							
1	- 1	Canditions, if	any which	DUE TO, OI	Termina		inoma o	f ileum	n				
1	- 1	gave rise to	immediate	(6)_									
1	- 1		ouse last.	DUE TO, OI	RAS A CONSEQ Hodokin		ase						
1	- 1	underlying cause lost ((c) Hodgkins Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN)									SIVEN IN PART I	Io	
١	Z O			-									
1	Y.	90 DATE OF OPI	RATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			MED	200 AUTOPSY?		YES, WERE FIND		
4	Ħ								YES NO YES NO NO				
Я	CERTIFICATION	210. ACCIDENT WAS		21b. TIME O		B.W. WE18	21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM I	8 PART I OR PART 2)		
1	100	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR							
1	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		211 LOCATIO	N	644.0	RTOWN	COUNTY		STATE
1	×	WHILE NO	T WORK	(AT HOME, STR	REET, FACTORY, OFFICE	E, FARM, ETC)	STREET		CIIIAO	FIOWN	CODINIT		SIMIE
1		22a.1 certify tho	-	al) attended th	e deceased fram	_ Febr	uary 5	. 19 85	to_Febru	ary 19	19.85	. NOXO	00004
1		2000000	00000000	0000000	2000000	0000X . ar	nd that in (my) (aur) apinian d	eath occurred on th	e date and h	naur and from th	e causes st	tated
ı		77h SIGNATINE	(did) (did not	view the body	after death.		DEGREE				22c. DAT	ESIGNED)
1		6	tener	onc.	Mac	Dr	Z AI	TENDING	MEDICAL S	STAFF	2	-19-8	25
1		22d PHYSICIAN	S NAME (TYPE OR	PRINT)	1 /		22e ADDRESS						1-4
1		GLENDO	N RAYSON	N, M.D.	1 1		VA Med	ical Ce	enter, Per	rry Po	int, MD	. 219	02
7		URIAL, CREMATK	ON, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR C		23d LOCATION				
		Burial		2/21	/85 I	Baltin	nore Na	at'l.	Bal	to.,M	Id.		STATE
1		INERAL DIRECTO	R	,			2 311		REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S SIGNA	TURE	
1	Sc	chimunek	Funeral	. Home.	3331 Br		a. Balt	MD	B 2 1 1985	1 /2500	Deviden	-Novon	T.
- 16				7									

DHMH - 16 50M 4/83 (VRA 15, 4)



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4 may be

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

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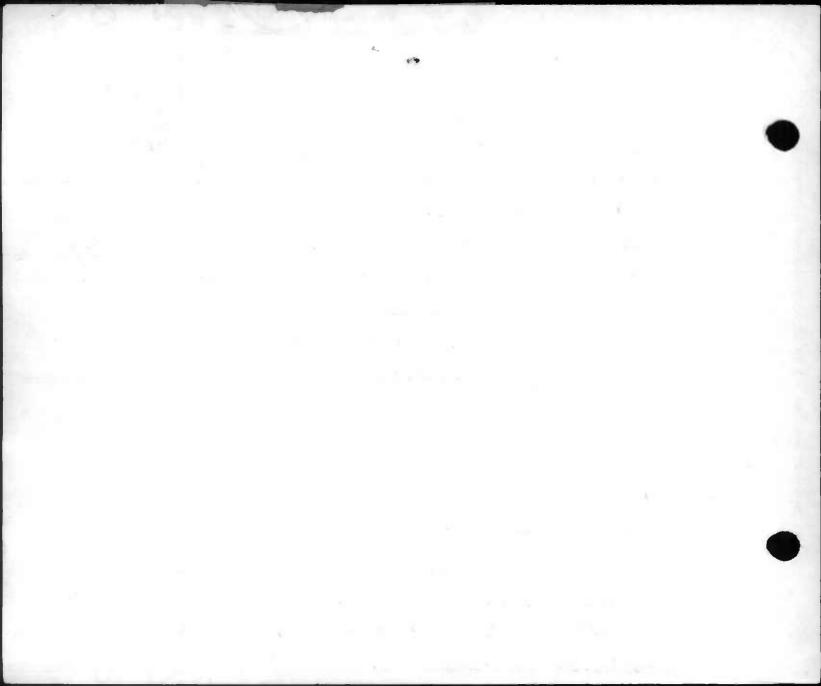
'	REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
	CEASED NAME OR PRINT	ROBERT		IRWIN	5	SAUER	February			2:15p
3 SE	x Male	4	RACE Cauca	asin	5. DATE C		6 AGE (IN YEARS LAS	5 v	# UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE COUNTRY) Marylar	nd	U.S.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CIT	Y OR COL	ounty	M
Pe	erry Poir	nt,Md.	(VA Me	dical Ce	nter	OR OTHER INSTITUTION	Steamfi	ST OF WORK	ING LIFE! INDUSTRY	cal Un
	Md.	NURSING HOME OR OIL 136 COUNTY Har	ford	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Abingo		134 INSIDE CITY LIMITS? YES NO 🔀	3721 Ab	ss / zip (i ngd	on Beac	21009 h Rd.
	George		DDLE	Sauer		IS MOTHER'S MAIDEN NA Lida	MIDDI			fman
16a. V	YAS DECEASED E	VER IN U.S. ARMI	ED FORCES?	220-01-		Roland Dox		Old	Freder	1228 ick Ros
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERA					NOT RELATED TO THE TERM	AINAL DISEASE OR CO		GIVEN IN PART I	
CERTIFIC							YES NO	₹ IN C	ERTIFYING CAUSE YES	
		CAUSE OF DEATH MEDICAL EXAMINER)		M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITE	M IS PART I OR PART ?)	
MEDICAL	WHILE NO	CURRED T WHILE T WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET		R TOWN	COUNTY	STATE
	1000000	(this hospital	XXXXXXX	ofter death.	XXX. or	ad that in (my) (our) apinion DEGREE ATTENDING	deoth occurred on th	e dote on	d hour and from the	E SIGNED
		S NAME / TO O				va Medical				Md.
	BURIAL, CREMATK (SPECIFY) Buri	on, removal al	236 DATE 2-21-			emetery or crematory Park Cem.	23d LOCATION CITY OF TOWN Bal	timo	county	STATE Md
74. FI	UNERAL DIRECTO	R		ADDRESS		25a DA1	TE REC'D. BY REGISTR	AR 25b R	GISTAR'S MANA	Manager

DHMH - 16 50M 4/83 (VRA 1S, 4)

MacNabbruneral Home, Catonsville,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon popers. Page® with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TENDING PHYSICIAN. The law requires that the death certificate be



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he l
=	Z Sicial
F	A H
z	Signing
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	A So
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer retained by the haspital ar ottending physician.
	HA by
	OSP
	TO H
	P 9

		CEASED NAME OR PRINT)	Henry	F. Schi	ultheis	, SR	LAST	20. DATE OF DEATH February	монтн	1985	26 HOUR 7:00P
ŀ	3. SEX	(1	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1/-	1 -		TiTh 2 do n		MONTH		70		MONTHS DAYS	HOURS MIN.
	Ma.	LE RTHPLACE (STATE OR FO	OREIGN 7	White No CITIZEN OF V	WHAT COUNTRY?	8	27, 1906	78 9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
5		rvland		U.S.A.		WIDOWE	D NEVER MARRIED DEDIFT DIVORCED	Cocil Co	-		44
2		TY OR TOWN OF DEA	TH 1	11. NAME OF H		IG HOME C	OR OTHER INSTITUTION	Cecil Cou	ON	12b. KIND C	F BUSINESS OR
Óh	Per	ry Point,	Md.	VA Me	HEACILITY, GIVE STREET	nter		(TYPE OF WORK FOR MOST O	F WORKING L		and Stat
0	USUA	L RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSIONI					and but
7		ryland	Ceci		Colora	Ν	134 INSIDE CITY LIMITS? YES NO 🙀	13e.STREET ADDRESS / 54 Bovd I		21917	
1	14 FA	THER'S NAME		*			15. MOTHER'S MAIDEN NA	ME	12.0		
4	HO	nrv		F. SC	hultheis		Emma	WIDDLE		Kra	eber
t	60 V	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT TOP	T. Schult	SSign	Same ac	#130
1	Ye	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213 46	0976	VAME, Perr	y PPINTONA	rylan	M//	TJE
		Canditians, if any, gave rise to imm	nediate	(b)	ALL CALLS	ve he	art failure				
	IFICATION	gove rise to imm couse (0), stating underlying cause	nediate g the lost	DUE TO, OR (c) ONDITIONS CO	Congesti RAS A CONSEQUE Cardiore DATRIBUTING TO S	we he ence of enal i	nsufficiency NOT RELATED TO THE TERM IN WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
	CAL CERTIFIC	gove rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN	HIFICANT CO	DUE TO, OR (c) ONDITIONS CO 19b. CONDITIONS LIB. TIME OF HOUR A.M	Congesti R AS A CONSEQUE Cardiore NTRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA	we he ence of enal i	nsufficiency NOT RELATED TO THE TERM	20a AUTOPSY? YES □ NO M	20b. IF YE IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	NGS USED
	CAL	gove rise to imm couse (0), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CO	ION DERLYING CAUSE OF DEAT AL EXAMINER)	DUE TO, OF (c) ONDITIONS CO 19b. CONDI 21b. TIME OI HOUR A.A. 21c. PLACE C	Congesti R AS A CONSEQUE Cardiore Cardiore ITION FOR WHICH FINJURY M. MONTH DA	ve he NCE OF NA I DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)	NSUFFICIENCY NOT RELATED TO THE TERM IN WAS PERFORMED 21r. HOW INJURY OCCUR! 21f. LOCATION STREET	20a AUTOPSY? YES □ NO M	20b. IF YE IN CERTI Y	S, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH?
	CAL	gove rise to imm couse (01), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE THER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 22a.1 certify that (1), sow the decase obove, (Whee) (d)	INFICANT CO	DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 19b. CONDIT HOUR A.A. PA.A. 21e. PLACE (AT HOME, STRI	Congesti R AS A CONSEQUE Cardiore ONTRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LET, FACTORY, OFFICE, F deceosed from deceosed from	Ve he NCE OF MAI i DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.) 7	NOT RELATED TO THE TERM NOW WAS PERFORMED 21c HOW INJURY OCCURI 21f LOCATION STREET 19 81 nd that in WW) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YE IN CERTI Y RY IN ITEM IB	S, WERE FINDINIFYING CAUSES ES PART I OR PART 2) COUNTY 19 05 , ur and from the	NGS USED OF DEATH? NO STATE that XIXwe) los couses stated
2	MEDICAL	gove rise to imm couse (0), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CITE THER. NOTIFY MEDIC 210. INJURY OCCURR WHILE NOTIFY MEDIC 220.1 certify that (1) Sow the decease obove, (IVAve) (d) 22b. SIGNATURE	INFICANT CO	DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 21b. TIME OI HOUR A.M P.M 21e. PLACE C (AT HOME, STRI	Congesti R AS A CONSEQUE Cardiore ONTRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY LET, FACTORY, OFFICE, F deceosed from deceosed from	Ve he NCE OF MAI i DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.) 7	NSUFFICIENCY NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR! 21f LOCATION STREET 19 81 nd that in Way (our) opinion of the physician of th	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YE IN CERTIN Y IN ITEM IB	COUNTY 19 05 , ur and from the	NGS USED OF DEATH? NO STATE that XIXwe) las couses stated
27	MEDICAL	gove rise to imm couse (01), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE THER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 22a.1 certify that (1), sow the decase obove, (Whee) (d)	ALEXAMINER) LICH COMPANY COMP	DUE TO, OR (c) ONDITIONS CO 19b. CONDIT 19b. CONDIT 19b. CONDIT 19b. CONDIT 21b. TIME OI HOUR A.M P.M 21e. PLACE C (AT HOME, STRI	Congesti R AS A CONSEQUE Cardiore Cardiore ONTRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA OF FINJURY EET, FACTORY, OFFICE, F e deceosed from 19 office death.	ve he ince of nal i Death But OPERATIO AY YEAR 19 ARM.ETC) 7	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURI 21f LOCATION STREET 19 81 nd that in (our) opinion of the performance of the pe	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO 10 2 death occurred on the do	20b. IF YE IN CERTIFY Y IN ITEM IB	COUNTY 19 05 , ur and from the	STATE that XIXWe) las couses stated SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

SIMIL OF MIN	KILMIN
DEPARTMENT OF HEALTH A	ND MENTAL HYGIENE
CERTIFICATE	OF DEATH

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST	WIDDLE	i.	AST	20 DATE OF DEATH MON	ITH DAY 1	YEAR	2b. HOU	R
	(TYPE	Charle Charle	es Henry Schultz			February 2	22, 1985	5	5:1	L5A _M
	3. SEX	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY			IF UNDER	
	m	ALE	white	MARI		63	YRS.	DAYS	HOURS	M IN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 *** A D D I C (NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEA	TH		
2	m	ANYLAND	U.S. A.	WIDOWE	D DIVORCED	Cecil	COUNT	FY		MD.
5		erry Point. Md.	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET A VA Medical Cen:	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CICKE	RKING LIFE) INDL	JSTRY	BUSINE		
5	USUA 13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE NY AL	10	214	230
		THER'S NAME			15. MOTHER'S MAIDEN NAM		1.7.0		w	
(2	- harles	Schulte Schulte	2	MArgaret	WIDDLE	(O /	6	
2		AS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	M. Schultz	SAMI	£ 1) 5	
-	()		212 07	2789	VAMS, Perry	Point, Mary	and 7	牛!	3	
		PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), onc DBY: FECAUSE (o) Acute res		ory failure		₿£ [′]	APPROXIA TWEEN O	NATE INTER	VAL DE ATH
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE (b) Acute exa		tion of chron	ic obstructiv	7e			
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF P	oulmonary dise	ase				
	Z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	ON GIVEN IN PA	ART Ito		
Z	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		LIFYES, WERE CERTIFYING CA			H?
7	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	V VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM IB PART I ORP	ART 2)		
	AL	OR CONTRIBUTING CAUSE OF DEA	AIR	19	1					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC)	211 LOCATION STREET	CITY OF TOWN	COUR	NIY	SI	IATE
			tol) ottended the deceosed from		3-22- 19 77		10 05		hot K (w	we) lost
		sow the deceased alive on		5, on	d that in MY (our) opinion o		and hour and fro			
		22b. SIGNATURE	104 Scale	. 0	DEGREE ATTENDING	MEDICAL STAFF	22c.		2-85	

PREM LAL, M.D.

VAMC, Perry Point, Maryland

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burin L 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY cross CEM.

22e ADDRESS

23d. LOCATION

MEDICAL STAFF
DIRECTOR | PHYSICIAN

A.

5

Breeklyn A. A.
C'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE mD.

STATE

DHMH - 16 50M 4/83

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, if

(VRA 15, 4)

Buring Feb. 26,1985 Hely Confuneral Director

McCully Funeral Home, Baltimore, Md.

25a. DATE REC'D.

OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page

attending physician.

etained by the haspital or

TO HOSPITAL

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagishould be detached for use as the busial-transit permit. Then please remove carbon pages. Pages Land 2 should be filled within 72 hours after detain the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYCHENE

5	0	5	Î	4	ile Se	

	- STATE REGISTRAR	DEFARI	CERTIFI	CATE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) RUTH	ANN		ENCE	FEBRUARY 12	, 1985	26 HOUR
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
	Female	White		ARY 12, 1931	54 YR		HOURS MIN.
,	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	Maryland	USA	WIDOWE	D DIVORCED	Cecil		MD.
/	North East	11. NAME OF HOSPITAL, NURSI INF NOT IN SUCH FACILITY, GIVE STREE 305 East Ceci	T ADDRESS)		176 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN Accountant	ISTREE INDUSTRY	THE INTESOR
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)				
)	Maryland Cec	North E		YES NO	305 East Ceci	Avenue,	21901
	14 FATHER'S NAME FIRST	MIDDLE LAST		IS. MOTHER'S MAIDEN NAM	AE MIDDIE	145	1
	John Ea	rl Tong		Hilda	-	Dun la	p
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
	No	218-26-	1768	Mr. James A.	Spence, North	East, Md	21901
	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	nly one cause per line far (a), (b), and DBY: TE CAUSE (a) CARACTONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF	lar = Respire arcliae C acuts	tory Failu Wrest M.I.	re	MATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT OF THE PROPERTION	Ollua - Neg	alob	lastic an	LHUR, an	Chril	5
	RTIFIC	198 CONDITION FOR WAY	OPERATION	WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
		HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
	THE EITHER NOTIFY MEDICAL EXAMINER		19				
	OKCONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		attended the deceased from Feb. 8. 10	Ch well	\$18 1960	to Feb.		that (I) (was last
	obove, (I) (me (did) (dulas	the body after death.			eath occurred an the date and		
	22b. SIGNATUR	tura M. D	D	M.D. ATTENDING ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	0 2 -	14-85
	22d PHYSICIAN'S NAME (TYPE O	PRINT)	7	22e ADDRESS		Seem 25	11
	LUIS MI.	CUZA, M.	<i>y</i> .		LAVE, NORTH	HEAST/	10/21901
	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CE	METERY OR CREMATORY	23d LOCATION		

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Buria1

STATE

North East Meth. 2-15-85 Cemetery North East Maryland 21901 ELKTON, MD. 21921

County Will I Hyperson of godeless and the second of the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

MPORTANT: If them 21 is marked at them 18 shaws ony injury, at ather traumatic event, the medical exam

doug be natified

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	į
CERTIFICATE OF DEATH	
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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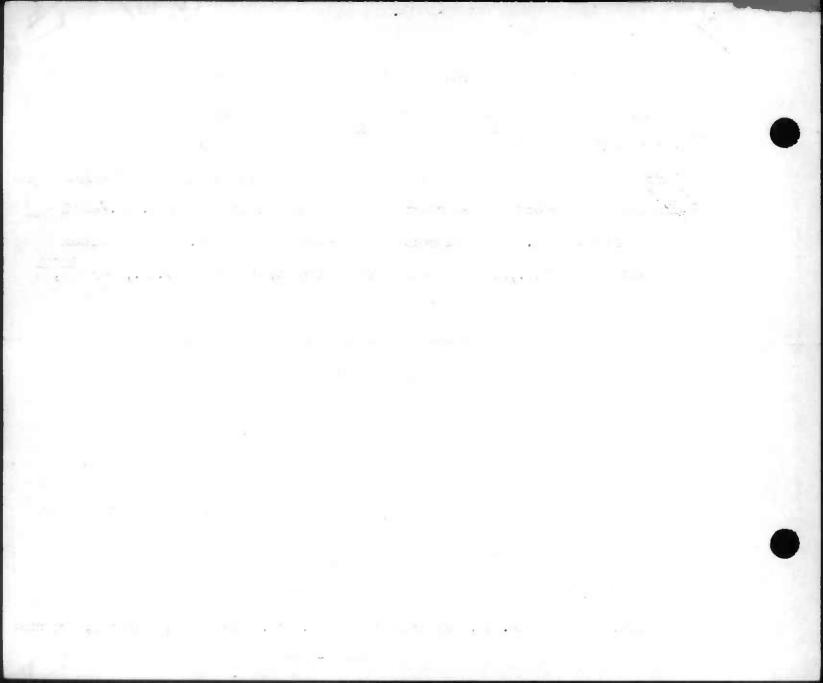
Gar Vacridian Propolette

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG.	NO.		
	CEASED NAME	FIRST	A	AIDDLE	l.	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE	ORPRINI)	rnest		John	Vin	cent	February 2	4, 198	35	12:00N
. SE	0		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male		White	3	Sent	ember 16, 19	17 67	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	3.5	9 BALTIMORE CITY		Y OF DEATH	
Ne	W Jersey		USA		WIDOWE	D NEVER MARRIED DIVORCED	Cecil			MD.
	TY OR TOWN OF DEA	TH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
	rry Point,		VA Medi	HFACRITY, GIVE STREET Cal Cente	er		Postal Cl			st Office
13a. S	AL RESIDENCE (# NURS STATE ryland	13h COUN Harf	ITY	13c. CITY OR TOW Aberdee	/N	13d. INSIDE CITY LIMITS? YES NO KOK	13e STREET ADDRESS	ZIP COE	Rd./21	.001
A FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N.	AME MIDDLE		LAS	
/	Josep		A.	Vincer	it	Helen	F.		Bald	win
6a. V	VAS DECEASED EVER	LIEYES GIV	F WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		RESS		21001
	YES, NO OR UNKNOWN)	IIWW	K VN	156-05-4	1584	John Vincent	,1035 Old P	hil.Ro		
	PART I. DEATH W	'AS CAUSE				halopathy			BETWEEN (MATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF					r_cirrhosis				
	underlying couse		(_{Ic)}							
NO	PART 2 OTHER SIGN	NIFICANT (ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 10) ·
MEDICAL CERTIFICATION	196 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	NGS USED OF DEATH? NO
CAL CER	218, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDI	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	site 🗆	21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC]	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220 I certify that (X	(this hospi	tal) attended th	e deceased from_	Novem	nber 19 . 19 84	1º Februa	ry 24	. 19_85	that (I) (%) last
	saw the decease above, (1) final (c 22b. SIGNATURE	did) (did no	Naview the body	offer death.		DEGREE		AFF	22c. DATE	
	22d PHYSICIAN'S NA	AME (TYPE C	R PRINT)	1		22e ADDRESS				
	Angel 0.	Vent	0			VAMC, Perry	Point, MD	2190	2	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial		Feb. 2	8,1985 Ar	lingt	on Nat'l. Cer	m. Arlingt	on, Ar	lington.	Virginia
24 FI	JNERAL DIRECTOR						ATE REC'D. BY REGISTRA			

DHMH - 16 50M 4/83 (VRA 15, 4)

TARRING FUNERAL HOME, ABERDEEN, MD

BP.



requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

executed within 24 haurs after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 much the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

8	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO.						
1	(TYPE	CEASED NAME FIRST EOR PRINT)	MIDDLE	Wa	ard Jr.	20 DATE OF DEATH	2/3/	85	8:00 M
)	3. SE	X Male IRTHPLACE (STATE OR FOREIGN	4 RACE White	Jan.		6. AGE (IN YEARS LAST BIR 86	YRS.	15 DAYS	IF UNDER 24 HRS HOURS MIN.
John Stranger	B	altimore, Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A 11. NAME OF HOSPITAL, NURS IN	WIDOWE			Tecil		MD.
1	1	Elkton	Union Hosp	oital	OF OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Md.		DUSTRY	Comm.
and the second	130. 5	Md. 136 COUN	other institution, give residence before the city or town the city of the city of town the city of town the city of	/NI	YES XX NO	13. street address 104 Washi	ngton A	venu	1921 e
- expany		John		l Sr.	Elizabet	h		zpatr	
e medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE 110	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 219-36-		Madelyn M.	Ward 104		ton, ngton	
event, th		PART I. DEATH WAS CAUSE	ly one cause perfine for (a), (b) and BY: E CAUSE (a)	dic	Comerato	Cure	st	APPROXIM) BETWEEN ON	SET AND DEATH
ather traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	1	Emple	Preside	warf		
njury, ar	NO O	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART 1(0)	
hows only	RTIFICATI	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES O	S USED F DEATH? NO
Item 18 s	USUAL RESIDENCE 130. STATE Md. 14 FATHER'S NAME 1 JON: 160 WAS DECEASED (YES, NO OR UNKNO) 17 O 18 CAUSE OF PART 1. DE. Conditions, i gove rise t couse (o), underlying PART 2. OTHE 190. DATE OF C 210. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTH AT WORK 220. I certify 220. SIGNATU 230. BURTAL, CREMA ISPECIFY) 230. BURTAL, CREMA ISPECIFY)	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 (OR PART 2)	
orked or	MED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	onvoxing	WH C	OUNTY	STATE
n 21 is m		saw the deceased alive an above (1) (we (did)) did no	tal) attended the deceased from		d that ip (my) (aur) apinion o	, to leath accurred on the d			
Z - 1		22b. SIGNATURE	n Stung	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE SI 2-3-	
APORTA		228 PHYSICIAN'S NAME ITTE OF	PH LANZI	M.D.	721 Bridge	St., Elkt	on, Md.		
_	23a. B	Burial, CREMATION, REMOVAL SPECIFY Burial			orgents Cem.	Perrymar	n Harfo	rd	STATE Md.
7	24. FU	oneral director see Funeral	Home boars	E	IKTON, 250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	Rondal	E .

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DHMH - 16 50M 7/77 (VR A 15 (4))

BP

TAICO LIBERTINE	
There are selected by the selection of t	
The state of the s	M. YAWAA TATAOO
	e din cuere u franti

O FUNERAL DRECTOR After this certificate has been rigned by the attending physician and completely filled in by the hould be detacted for use on the burnot harmst permit. Their please remarks collapsets, Pages 1 and 2 should be filled with hould be detached for use of the hund frams) premit. Then please remove corban paper with the State Dept. of Health ond Meintol Pygiene prior to burial; cremation, or temperal.

MEDRIANT, If hem 21 is marked as hem.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

05148

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	M	IDDLE	l.	AST		MONIH	DAY YEAR	2b. HOUR
TYP	E OR PRINT) Lill	ian	R Waters	S			1/21	/85	11;48AM
3. SE	Х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Black		MONTH	DAY YEAR 29 29	55	YRS.	MONTHS, DATS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF V	VHAT COUNTRY?	10	D Never Married	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Delaware	U.S.	Α.	WIDOWE		Gecil Co			MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	NC		F BUSINESS OR
	Elkton, Md	A	Hospita	_		Day Care		INDUSTRI	-
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, O	GIVE RESIDENCE BEFORE	ADMISSION)	ALL DESCRIPTION			- 01	1.00
	STATE NO COU	Castle	Middleto		136. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		1/1/	1499
	Delaware New			JWII	15. MOTHER'S MAIDEN NAM	ΑE	Load	1	7 (7
1	FIRST	MIDDLE	LAST		FIRST	Elliott		Bro	
	linton Caulk WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b SOCIAL SECU	IRITY NO	Mary 17 INFORMANT	ADDRE	SS	DIO	WII
	ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)							
	NO		<u> 221–18–0</u>		Gary Waters	3		APPROV	IMATE INTERVAL ONSET AND DEATH
	18. CAUSE OF DEATH (Enter of	ED BY						BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	udenous	WUN	ma of the par	CHURA			
			AS A CONSEQUE		•				
	Conditions, if any, which								
	gave rise to immediate								
	cause (a), stating the Underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT	(3)	NITRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OR CON	DITION C	IVENUINI DART 1:	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NATE OF ING TO L	DEATH BOT	NOT KEERTED TO THE TERM	INAL DISEASE ON CON	011101401	TO THE PART OF	
CERTIFICATION	90 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
17.						YES TO NOT		IFYING CAUSES	OF DEATH?
ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	- INJURY		21c HOW INJURY OCCURE				
	OR CONTRIBUTING CAUSE OF DE	HOUR A.A	M. MONTH DA						
MEDICAL	CIF EITHER NOTIFY MEDICAL EXAMINE			19	211 LOCATION				
MED	21d INJURY OCCURRED	21e PLACE C	OF INJURY SET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK							O.F.	
	22a I certify that (I) (this has		deceased fram_	85	1 19 79	ta1-21_			that (I) (we) last
	saw the deceased alive a abave, (1) (we) (did) (did n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	after death.	ar ar	nd that in (my) (aur) apinian i	death accurred an the de	ate and ho		
	22b. SIGNATURE				DEGREE			22c DATE	
	Kinn, H	ane well	70		ATTENDING PHYSICIAN	MEDICAL STAI		2/1	2/85
	226. PHYSICIAN'S NAME (TYPE	ORPRINT)			22e ADDRESS				
	Kenneth Le	wis M	D		Middletov	n Del			
23a	BURIAL CREMATION, REMOVA			NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
1	77	100000				CITY OR TOWN		De	Laware
1.	Borial /	7-25-8	5 Eb	eneze	r Church Ceme	RECENT BY REGISTRAN	nsene	TRAR'S SIGNA	
1(MANINA	10hr -	DDRESS		1	rrp 1 7 400	E 0	Sia Davids	
1	A VIVE IV.	(XT / CAP)	W. Gra	y, Wi	1m. DE.	rrn 1 0 190	0 //		

